

**Leidenheimer Dental Group**

*Today's Date* \_\_\_\_\_

*Reason for Visit* \_\_\_\_\_

Have you recently seen another dentist for this problem? \_\_\_\_\_

\_\_\_ YES \_\_\_ NO

**Patient Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Sex**

**M / F**

**Phone** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**Name of Responsible Party** \_\_\_\_\_

**Social Security#** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Do you have **Dental** Insurance? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

**Insurance Company Name** \_\_\_\_\_

**Group ID#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

Do you have **Medical** Insurance? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

**Insurance Company Name** \_\_\_\_\_

**Group ID#** \_\_\_\_\_

Is patient a full-time student? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

If yes, what is the name and address of the college or university? \_\_\_\_\_

**Date enrolled** \_\_\_\_\_

**Expected graduation date** \_\_\_\_\_

**Preferred pharmacy name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**In Case of an Emergency, contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

Are you interested in tooth whitening\*? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

\* - Must be 18 years or older

What improvements are you seeking in your smile? \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_