



Thank you for choosing Tennessee Family Dental as your new dental home! We will strive to provide you with the best possible dental care. To help us meet all your dental needs, please fill out this form:

Patient Information:

Full Name: _____ Birth Date: _____ Sex: Male Female
Soc Sec: _____ Drivers Lic: _____ E-Mail: _____
Address: _____ City: _____ State/Zip: _____
Home phone: _____ Cell Phone: _____ Work Phone: _____
Marital Status: Married Single How did you hear about our office? _____

Responsible Party (for insurance purposes):

Same as above:
Full Name: _____ Birth Date: _____
Soc Sec: _____ Drivers Lic: _____ E-Mail: _____
Address: _____ City: _____ State/Zip: _____
Home Phone: _____ Cell Phone: _____ Work: _____

Note: Some of your dental procedures may be covered by your medical insurance.

Medical Insurance :

Insurance Company: _____ ID# _____ Group #: _____ Employer: _____
Name : _____ Phone: _____ Relationship to Patient : _____

Dental Insurance :

	<u>Primary Dental Insurance:</u>	<u>Secondary Dental Insurance:</u>
Insurance Company:	_____	_____
Name:	_____	_____
Relationship to Patient:	_____	_____
Social Security #:	_____	_____
Date of Birth:	_____	_____
Phone :	_____	_____