



ARLINGTON ADVANCED DENTISTRY
DEDICATED TO EXCELLENCE

Patient Information (Section A)

Dr. Mr. Mrs. Ms. Patient Name _____
(First) (Last) (MI)
Date of Birth: _____ Marital Status: S M D W Preferred Name _____
Address: _____
(Number) (Street) (Apt#) (City) (State) (Zip)
Primary Phone Number: _____ Home Cell Work Other _____
Secondary Phone Number: _____ Home Cell Work Other _____
Email Address: _____ Preferred method of contact? Call Text Email
Employer Name: _____ Occupation: _____
Emergency Contact Name: _____ Phone Number: _____
Relationship: _____ Whom may we thank for referring you? _____

Responsible Party (Section B) *If same as above, skip to Section C*

Name _____ Date of Birth: _____
(First) (Last) (MI)
Relationship to patient _____ Marital Status: S M D W
Address: _____ How Long: _____
(Number) (Street) (Apt#) (City) (State) (Zip)
Primary Phone Number: _____ Home Cell Work Other _____
Email Address: _____

Dental Insurance Information (Section C)

Name of Policy Holder _____ DOB _____
(First) (Last) (MI)
Social Security Number: _____ Relationship to Patient: _____
Member ID Number: _____ Group Number: _____
Employer Name: _____ Insurance Company: _____
Insurance Address: _____ Insurance Phone Number: _____

If you carry a secondary dental plan, please provide information below:

Name of Policy Holder _____ DOB _____
(First) (Last) (MI)
Social Security Number: _____ Relationship to Patient: _____
Member ID Number: _____ Group Number: _____
Employer Name: _____ Insurance Company: _____
Insurance Address: _____ Insurance Phone Number: _____

HIPAA Acknowledgement

Receipt Acknowledgement of Notice of Privacy Practice _____
(Initials) (Date)
Consent for Use & Disclosure of Health Information _____
(Initials) (Date)
*I am 18 years or older and a student. I give permission to contact my parent(s)/legal guardian to discuss dental treatment and all related information _____
(Initials) (Date)

Signature states information provided is accurate and true: _____ **Date:** _____
(Signature of Patient or Legal Guardian/Responsible Party)