Andrew Wappett D.M.D. P.C.
FAMILY DENTISTRY

# PATIENT INFORMATION

PATIENT NAME (PLEASE PRINT)

DO YOU PREFER A NICKNAME?

MAILING ADDRESS

SOCIAL SECURITY NUMBER

☐ MINOR ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED

BIRTH DATE

MALE ☐ FEMALE ☐

SPOUSE OR PARENT'S NAME

HOME PHONE

CELL PHONE

WORK PHONE – EXT

EMAIL ADDRESS

RELATIONSHIP TO PRIMARY INSURED

IF PATIENT IS A STUDENT, NAME OF SCHOOL/COLLEGE, CITY, STATE

EMERGENCY CONTACT (NAME AND PHONE NUMBER)

HOW DID YOU FIND OUT ABOUT US?

# RESPONSIBLE PARTY

(IF GUARANTOR IS PATIENT, MARK SELF)

☐ SELF (FEEL FREE TO SKIP IF INFO REPEATS)

RESPONSIBLE PARTY NAME

SOCIAL SECURITY NUMBER

RESPONSIBLE PARTY MAILING ADDRESS

BIRTH DATE

MALE ☐ FEMALE ☐

HOME PHONE

CELL PHONE

WORK PHONE – EXT

EMPLOYER

RESPONSIBLE PARTY EMAIL ADDRESS

SUBSCRIBER/MEMBER IDENTIFICATION #

INSURANCE COMPANY NAME

GROUP #

INSURANCE COMPANY ADDRESS

INSURANCE COMPANY PHONE

# SECONDARY INSURANCE

SECONDARY INSURANCE POLICY HOLDER'S NAME

PHONE

BIRTH DATE

SECONDARY INSURANCE ADDRESS

SOCIAL SEC. #

SUBSCRIBER/MEMBER IDENTIFICATION #

2ND INSURANCE PHONE

GROUP #