



WELCOME to Elleston Family Dental and thank you for selecting our dental team! We will strive to provide you with the best possible dental care. If you have any questions or need assistance, please ask us – we will be happy to help!

How did you hear about our office? _____

Patient Name: _____

Home Phone: _____ Cell: _____ Work: _____
(WHICH # IS BEST TO REACH YOU FOR CONFIRMATION OF APPOINTMENTS? Home Cell Work)

Email: _____

Address (mailing address): _____

City: _____ State: _____ Zip: _____

Address (physical address): _____

City: _____ State: _____ Zip: _____

SSN/SIN# _____ Birthdate: _____

Responsible Party:

Name of Responsible Party for Acct: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Employer: _____ SS/SIN# _____

Insurance Information:

Name of Insured: _____ Relationship to Patient _____

Birthdate: _____ SS# _____

Name of Employer: _____ Work Number: _____

Insurance Company: _____ PH # _____

Group#: _____ Member ID (may be SS#): _____