Dental New Patient Form

Patient information			
First name Sally	Last name Petersen	Preferred name	Patient identifier (if known) SP1920
Gender Female	Preferred pronouns She/Her	Date of birth 08/10/1975	Marital status Married

Address	City	State	Zip code
15 Example Ave	Denver	CO	1001

Email	Preferred phone number
sallypeterson@sample.com	123-456-000

Emergency contact		
Name Alex Petersen	Relationship Husband	Contact number 333-555
Name Samantha Marks	Relationship Mother	Contact number 222-222

Health medical information		
Primary care physician Dr. Jane Abott	Address 123 Example Rd Denver	Contact number 111-222

Please list any medical conditions

N/A

Please list any current medication

N/A

Insurance information (if applicable)		
Insurance carrier Health for All	Insurance plan 8Y	Contact number 999-9999
Policy number SPLI1900	Group number 2B	Social security number 123-456

Employment status

☑ Employed ☐ Self-employed ☐ Unemployed ☐ Other:

Occupation	Industry	Company name
Investment Banker	Finance	Capital Bank

Company address	City	State	Zip code
298 Sample St.	Denver	CO	1001

All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my (or the patient's) health.

Parent or guardian's name (if applicable)	Relationship to patient (if applicable)
Signature of patient or guardian spetersen	Date November 12, 2024