

# Welcome to Our Practice



## Patient Information Form

Mr. Mrs. Dr. Rev. \_\_\_\_\_  
First Name M.I. Last Name

Address \_\_\_\_\_  
City State Zip

Phone ( ) ( ) ( )  
Home Work Cell

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Male Female

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship

Phone \_\_\_\_\_  
Home Work Cell

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

How did you find us? Dentist \_\_\_\_\_ Physician \_\_\_\_\_

Friend \_\_\_\_\_ Yellow Pages Website \_\_\_\_\_

General Dentist \_\_\_\_\_

Responsible Party \_\_\_\_\_ / \_\_\_\_\_  
*If patient is a minor* Name Relationship

Have you previously been a patient of Shenandoah Valley Implant Institute? Yes No

If yes, which doctor? Dr. Steve Dr. Vic Dr. Dickson

### Insurance Information

Do you have DENTAL insurance? Yes No

Insurance Co. \_\_\_\_\_

Employer \_\_\_\_\_

Group # \_\_\_\_\_

Subscriber \_\_\_\_\_ Self Spouse Parent Other  
Name Relationship

Subscriber's SS# \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_

Please give your dental insurance card to the receptionist. *Thank you!*