

# Clinton Smiles (so you can too!)

*We know this form isn't too pretty but it's laid out exactly as the information goes into our computer. That way we spend less time tapping keys and more time helping you!!*

Last Name	
First Name	
Middle Initial	
Preferred Name	
Title (Mr, Ms, Dr)	

### Insurance Information

#### Primary

Subscriber	
Rel'ship to Sub	
Patient ID	
Employer	
Carrier	

Date of Birth	
Soc Sec Number	

#### Secondary

Subscriber	
Rel'ship to Sub	
Patient ID	
Employer	
Carrier	

E-mail Address	
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Employer	
Cell Phone	
Work Phone	

Home Phone	
Address	
Address 2	
City	
State	
Zip	

### Contact Preferences

Email:	Yes	No
Text Message:	Yes	No

Student Status if Dependent Over 19 (for Ins)	
College Name	

Any Address or Phone Notes We Should know?	
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Please list other members of your immediate family that are clients in our practice

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Can we thank someone for referring you?

Or did you find us on your own:

Family Member	
Coworker	
Friend	
Doctor	
Billboard	

Newspaper	
Yellow Pages	
Location	
NTI Dentist Finder	
Invisalign Website	

I authorize the release of information and understand that I am responsible for all costs of dental treatment. I hereby authorize payment directly to the below named dentist of the group insurance benefits otherwise payable to me.

I have also received a copy of the Notice of Privacy Practices for Clinton Smiles.

Name \_\_\_\_\_ Date \_\_\_\_\_