

Dahm Dental

2018 Washington Street, Pella, Iowa 50219

Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Birth Date: _____ Soc. Sec. #: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

RESPONSIBLE PARTY (if someone other than patient)

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Email Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Birth Date: _____ Soc. Sec: _____ Driver License #: _____

EMERGENCY CONTACT: _____ Relationship to Patient: _____

Phone Number: _____

Insurance Information

PRIMARY DENTAL INSURANCE INFORMATION:

Name of Policyholder: _____ Policyholders Soc. Sec.: _____

Policyholders Date of Birth: _____ Member I.D #.: _____

Employer: _____ Address: _____ Phone: _____

City, State, Zip: _____ Name of Insurance Company: _____

Relationship to Policyholder: Self Spouse Child Other

SECONDARY DENTAL INSURANCE INFORMATION:

Name of Policyholder: _____ Policyholders Soc. Sec.: _____

Policyholders Date of Birth: _____ Member I.D. #: _____

Employer: _____ Address: _____ Phone: _____

City, State, Zip: _____ Name of Insurance Company: _____

Relationship to Policyholder: Self Spouse Child Other