



PATIENT NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK APPROPRIATE BOX: **MINOR**  **SINGLE**  **MARRIED**

PARENT/GUARDIAN NAME IF MINOR: \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

EMERGENCY CONTACT & RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PATIENT'S EMPLOYER: \_\_\_\_\_

**PRIMARY DENTAL INSURANCE COMPANY:** \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_ INSURED DOB: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_ INSURED EMPLOYER: \_\_\_\_\_

ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

**SECONDARY DENTAL INSURANCE COMPANY:** \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_ INSURED DOB: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_ INSURED EMPLOYER: \_\_\_\_\_

ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

**Park Cedar Dentistry**

Parkcedardentistry.com

10027 Park Cedar Drive Suite 100 Charlotte, NC 28210

info@parkcedardentistry.com

704-752-0500