

NORTHEAST TEXAS PERIODONTAL SPECIALISTS

Periodontics & Dental Implants

GENERAL QUESTIONNAIRE

(circle) Mr. Mrs. Miss Ms. Dr. _____
Last First Middle Initial

E-Mail Address _____

I wish to be called at (circle): home work other: _____

Home Phone (____) _____ Work Phone (____) _____ Ext.# _____ Cell (____) _____

Address _____ Apt. No. _____

City _____ State _____ ZIP _____

Date of Birth _____ Social Security # _____ - _____ - _____

Emergency Contact Name _____ Phone _____

Referred by _____ Your General Dentist _____

Employer _____ E-Mail _____

Pharmacy Name _____ Location _____

IF YOU HAVE DENTAL INSURANCE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Primary Coverage: (Relationship to Patient) _____

Policy Holder _____ Date of Birth _____ Social Security or ID # _____ - _____ - _____

Employer Name _____

Employer Address _____ Employer Phone # _____

Insurance Company _____ Phone # _____ Group/Policy # _____

Northeast Texas Periodontal Specialists is not contracted with any insurance company. I understand that I am responsible for all costs of treatment, regardless of insurance coverage.

I authorize release of any information relating to this claim.

Signature (Patient, or parent if Minor)