

Dr. Kristen Gibson  Dr. Clara Felker

PERSONAL INFORMATION

Name : _____ Date : _____
Mailing Address : _____
Home Phone # : _____ Cell Phone # : _____
Email Address : _____
Social Security # : _____ Date of Birth : _____
Parent or Guardian's Name : _____ Phone # : _____
Emergency Contact Name : _____ Phone # : _____
Who may we thank for referring you? : _____

RESPONSIBLE PARTY

Name : _____ Relationship : _____
Mailing Address : _____
Best contact # : _____
Email Address : _____

DENTAL INSURANCE - Please bring card with you to appointment or email a copy of the front and back of card for our records.

Name of Insurance Company : _____ Phone # : _____
Name of Subscriber : _____ Birthdate : _____
Name of Employer : _____
Subscriber ID or Social Security # : _____ Group # : _____

Metlife insurance company requires subscriber's Social Security number.

SIGNED CONSENT

Patient Signature : _____
Parent or Guardian Signature : _____
Today's Date : _____