1436 S Edgewater Circle
Nampa, ID 83686
Phone: 208-463-9600
Fax: 208-461-3156

Edgewater Dental

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out This form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

PATIENT INFORMATION

Name_____ Date_____
Last First Middle

Address_____City_____State_____Zip_____

HomePhone_____WorkPhone_____CellPhone_____

Marital Status_____ Birth Date_____ SSN_____

Do you want appointment reminders by e-mail?_____ E-mail_____

Employer_____Occupation_____

Whom may we thank for referring you to our office?_____

PRIMARY DENTAL INSURANCE

Policy Holder_____**SSN**_____
Last First Middle

Address_____
Street City State Zip

*Date of Birth*_____ Relationship_____

Employer_____Phone_____

Employer Address_____ Group # _____

Insurance Co. Name_____

Address_____Phone_____

ADDITIONAL DENTAL INSURANCE

Subscriber Name _____Relation to Patient _____Birth Date _____

Address (if different from patient) _____

Subscriber Employed by _____Business Phone_____

Insurance Company _____Phone _____SSN_____

Turn Over