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✉ : edgewaterdental.net



# Edgewater Dental

We are pleased to **welcome** you to our practice. Please take a few minutes to fill out this completely. If you have any questions, we will be happy to assist you.

We look forward to working with you in maintaining your dental health.

### ***Patient Information***

Today's Date \_\_\_\_\_

Name of Patient \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Other Family Members seen by us \_\_\_\_\_

Who May we thank for referring you to our office? \_\_\_\_\_

Parent or Legal Guardian Information: (Minor children/ those with caregivers)

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

### ***Primary Dental Insurance***

Policy Holder's Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insurance Company \_\_\_\_\_ Employer \_\_\_\_\_

Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_ SSN# \_\_\_\_\_

### ***Secondary Dental Insurance***

Policy Holder's Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insurance Company \_\_\_\_\_ Employer \_\_\_\_\_

Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_ SSN# \_\_\_\_\_

