Alani DENTAL CENTER

Phone: 423.713.7333
Fax: 423.713.7334
info@alanidental.com

Patient Information

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you

PERSONAL

Name _____
Last First MI Preferred

Birthdate _____ SS# _____ Gender ☐M ☐F Married: ☐Y ☐N

Work Phone _____ Wireless Phone _____ Wireless Carrier _____

Email _____

Preferred contact method ☐HmPhone ☐WkPhone ☐WirelessPh ☐Email

Preferred contact method for confirmations ☐HmPhone ☐WkPhone ☐WirelessPh ☐Email

Preferred contact method for recall ☐HmPhone ☐WkPhone ☐WirelessPh ☐Email

Student status if dependent over 19 (for Ins) ☐Nonstudent ☐Fulltime ☐Parttime

How did you hear about us?

_____

(If someone referred you here, please write down their name so we can thank them.)

ADDRESS AND HOME PHONE

Check box if same for entire family: ☐

Address _____

Address 2 _____

City: _____ State:_____ Zip:_____

Home Phone: _____

INSURANCE POLICY 1

Your relationship to subscriber: ☐Self ☐Spouse ☐Child

Subscriber Name: _____ Subscriber ID #_____

Insurance Company: _____ Phone_____

Employer _____ Group Name _____ Group # _____

Please present insurance card to receptionist.

INSURANCE POLICY 2

Your relationship to subscriber: ☐Self ☐Spouse ☐Child

Subscriber Name: _____ Subscriber ID #_____

Insurance Company: _____ Phone_____

Employer _____ Group Name _____ Group # _____

Comments: