

Cottonwood Orthodontics, PC

Patient Information

Date: _____
Patients Name: (First, Last) _____
Address : (Street,, City, Zip) _____
Home Phone: _____ Birthdate: _____ Social Security #: _____
If patient is a minor, give parent's or guardian's name: _____
Whom may we thank for referring you to our office? _____

Responsible Party Information

Relationship to Patient

Name: _____
Social Security # _____ Birthdate: _____ Marital Status: _____
Residence: _____
How long at this address: _____ Home Phone: _____ Mobile Phone: _____
Previous Address (if less than 3 yrs.): _____ How long at this address: _____
Mailing Address (if different from above) _____
Employer: _____ Occupation: _____ No. Years Employed: _____
Employer Address: _____ Work Phone: _____
Previous Employer (if less than 3 yrs.) _____ No. Years Employed: _____
Spouse's Name: _____ Relationship to Patient: _____
Social Security # _____ Birthdate: _____ Work Phone: _____
Employer: _____ Occupation: _____ No. Years Employed: _____

Insurance Information

Insured's Name: _____ Insured's Social Security # _____
Insurance Company: _____ Group No. _____ Local No. _____
Do you have dual Coverage? Yes No If yes:
Insured's Name: _____ Insured's Social Security # _____
Insurance Company: _____ Group No. _____ Local No. _____

Emergency Information

Name of nearest emergency contact: _____
Complete Address: _____
Phone # _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if Minor) _____

Updates (date & initial) _____

CONFIDENTIAL (for record and pretreatment evaluation)
Cottonwood Orthodontics