

# THE VAN ORMAN

## DENTAL GROUP

Welcome to **The Van Orman Dental Group**, we demonstrate compassion, concern and understanding for our guests. We are committed to offering you a superior individual experience. You have entrusted us with your dental care, we will treat you with dignity and respect. In partnership with you we will promote your dental health through knowledge and superior patient care. Thank you for choosing **The Van Orman Dental Group** we strive for excellence and create confident healthy smiles for life.

### PATIENT INFORMATION

Confidential

Date: \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called : \_\_\_\_\_  
Last First Middle

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

Phone HM: \_\_\_\_\_ WK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ MARITAL STATUS: S M D W GENDER: F M

Whom may we thank for referring you to our office? \_\_\_\_\_

Name and number of personal contact not living with you: \_\_\_\_\_

How may we help you today? \_\_\_\_\_

### INSURANCE INFORMATION

Please provide a copy of your insurance card

#### PRIMARY INSURANCE

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured Id: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

#### SECONDARY INSURANCE

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured Id: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_