



OASIS 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 more than happy to help

Chart ID: _____
First Name: _____ **Last Name:** _____ **Middle Initial:** _____
Address: _____
City: _____ **State:** _____ **Zipcode:** _____
HomePhone: _____ **Work Phone:** _____ **Cell Phone:** _____
Emergency Contact: _____ **Emergency Contact#:** _____
Birth Date: _____ **SS#:** _____ **Drivers Lic:** _____
E-mail: _____ I would like to receive correspondence via e-mail.
Sex: Male Female **Marital Status:** Married Single Divorced
 Separated Widowed
Employment Status: Full time Part time Retired
Student Status: Full time Part time

Responsible party(if someone other than patient)

Name of person responsible for account: _____
Work Phone: _____ **Home Phone:** _____
Birth Date: _____ **SS#:** _____ **Drivers Lic:** _____

No Insurance

Primary Insurance Information

Name of Insurance: _____ **Insurance ID:** _____
Name of Insured: _____ **Relationship to insured** Self Spouse
 Child Other
Name of Employer: _____ **City:** _____ **State/Zipcode:** _____

Secondary Insurance Information

Name of Insurance: _____ **Insurance ID:** _____
Name of Insured: _____ **Relationship to insured** Self Spouse
 Child Other
Name of Employer: _____ **City:** _____ **State/Zipcode:** _____