



HOUSTON ORAL HEALTHCARE SPECIALISTS

1110 KINGWOOD DR. STE 105, KINGWOOD TX 77339 P. 832.777.0038 F. 281.358.6062 WWW.HOHCS.COM

Personal Information

Patient Name

Mr/Mrs/Miss/Ms _____ SSN _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Email Address _____

Name of Family Member Already a Patient Here _____

Referred By _____

Responsible Party Information

Who is financially responsible for treatment? Self _____ Other _____

If other, please provide:

Name _____

Address (Street-City-State-Zip) _____

Home Phone _____ Work Phone _____

Name of Employer _____

I will be paying today by: Cash Check Credit card Care Credit (prior approval)

Dental Insurance Information

Primary Insurance Co. Name _____ Phone _____

Name of Subscriber/Holder _____ SSN _____

Place of Employment _____ Member Number _____

Date of Birth _____

Secondary Insurance Co. Name _____

Name of Subscriber/Holder _____ Phone _____

Member Number _____