



# Page Family Dentistry

- SOMETHING TO SMILE ABOUT -

**\*Patient Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Can Page Family Dentistry email you? Y / N  
 Who may we thank for your referral? \_\_\_\_\_

**Responsible Party (Billing Party)**

Name of Person Responsible for this Account \_\_\_\_\_  
 Relationship to Patient \_\_\_\_\_ Birthdate of Subscriber \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address of Responsible Party \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*Dental Insurance Information**

Name of Subscriber \_\_\_\_\_ Birthdate of Subscriber \_\_\_\_\_ Employer \_\_\_\_\_  
 Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Address \_\_\_\_\_  
 Insurance Identification Number \_\_\_\_\_ Group Number \_\_\_\_\_

**\*Secondary Insurance Information (if any)**

Name of Subscriber \_\_\_\_\_ Birthdate of Subscriber \_\_\_\_\_ Employer \_\_\_\_\_  
 Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Address \_\_\_\_\_  
 Insurance Identification Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Previous Dentist Information:**

Office Name \_\_\_\_\_ Date of last dental visit \_\_\_\_\_ Were X-rays taken Y / N

**\*Emergency Contact:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have received a Notice of Privacy Practices from Page Family Dentistry.  
 I have read, understand and agree to the terms of the financial agreement presented to me.  
**\*Please do not sign this form until you read and understand the Notice of Privacy Practices and our financial agreement, even if you are advised otherwise. You are entitled to an exact copy of any agreement you sign.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 107 E. Locust Street – River Falls, Wisconsin 54022 – 715.425.5780 - [www.riverfallsdentistry.com](http://www.riverfallsdentistry.com)

DRAFT