



ADVANCED DENTAL ARTS

(478) 207-6939 | 4705 Northside Drive, Suite 100 | Macon, GA 31210

First Name: _____ Last Name: _____ Middle Initial: _____

Patient Is: Policy Holder Responsible Party Student Preferred Name: _____

Patient Information

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birthdate: _____ Age: _____ Soc. Sec. #: _____ Drivers Lic: _____

E-Mail: _____

Emergency Contact: _____ Emergency Contact Number: _____

Responsible Party (Primary Policy Holder)

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship to Patient: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Birthdate: _____ Soc. Sec. #: _____ Drivers Lic: _____

Primary Insurance Information (Policy Holder)

Name of Insured: _____

Insured Soc. Sec.: _____

Employer: _____

Address: _____

City, State, Zip: _____

Policy # or Soc. Sec. #: _____

Relationship to Insured: Self Spouse Child Other

Insured Birth Date: _____

Insurance Company: _____

Address: _____

City, State, Zip: _____

Group #: _____

How Did You Hear About Us?

Another Patient: _____

Drove By Yellow Pages Google

Our Website Advertisement Insurance

Other _____

Previous Dentist: _____

Medical Doctor: _____

Please list any dental concerns: _____
