Dental Impressions PLC
Family & Cosmetic Dentistry

Patient Information

Confidential

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____ Home Phone _____

SS# _____ Birthdate _____

Check Appropriate Box: ❑ minor ❑ single ❑ married ❑ divorced ❑ widowed ❑ separated

Spouse or Parent/Guardian Name _____

Emergency Contact_____ Phone _____

How did you hear about our office?

❑ current patient *(please name)* _____ ❑ insurance co. ❑ drive-by ❑ website

❑ other *(please name)* _____

Responsible Party

Name of Person Responsible for this Account _____

Relationship to Patient_____

Address *(if different than above)* _____

Home Phone_____ SS#_____ Birthdate _____

Driver's License # _____

Employer_____ Work Phone _____

Is this person currently a person in our office? ❑ yes ❑ no

Insurance Co. _____ Tel. #_____Group # _____ Policy/ID # _____

Do You Have Any Additional Insurance? ❑ yes ❑ no **If Yes, complete the following:**

Name of Insured _____ Relationship to Patient _____

Birthdate_____SS#_____ Work Phone _____

Employer _____

Insurance Co. _____ Tel. #_____Group # _____ Policy/ID # _____

1745 Holton Road, Suite C, Muskegon, MI 49445 | P: (231) 719-0033 | F: (231) 719-8933

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Authorization of Additional Decision Makers

I, _____ , authorize the following individuals to make decisions in regards
Name Relationship
to routine dental treatment (cleanings, fluoride, x-rays, and exams) on behalf of my child:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

The above adult will accompany my child and inform Dental Impressions of any changes to his/her health history.

When non-routine services are deemed necessary, an appointment will need to be scheduled on a future date by the parent or guardian. An additional permission slip will be needed for every restorative appointment if an authorized individual accompanies my child.

Signature of Patient or Parent/Guardian if Minor: _____

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