

Team member Initials _____

New Patient Information

Today's Date: _____ Availability: AM / PM _____ Appt Date: _____

(Before proceeding, please look up the patient's name in our system to avoid creating duplicate accounts)

Name: _____ DOB: _____

Tel #: _____ Email: _____

Address: _____ Apt/Unit _____ City: _____

Zip Code: _____

NOTES:

Referral? _____

When was your last dental visit: _____ (cleaning/X-rays/SRP?)

Have you had treatment on your gums?) _____

Dental Concerns? _____ How long? _____

Dental appliances:

Full Dentures Partials Nightguard Retainer None

Do you have DENTAL insurance? YES NO (we only accept PPO) >>> \$19 New PT Special >> SSDP

Insurance Company: _____ Phone: _____

Insured's Name: _____ DOB: _____ SS or ID#(9 digit) _____

Group#: _____ Employer: _____ Relationship to Subs: _____

NOTES:

PT MUST HAVE ALL NECESSARY INFORMATION TO VERIFY INSURANCE BEFORE RESERVING AN APPT

Please remind the patient of the following:

- Online Registration:** maricopadental.com>> Scroll to the bottom of the page and click on REGISTER
- Must bring insurance card and picture ID to Appt
- Please be **15 minutes** early for your appointment
- **Please reply to our confirmation texts or calls. If you need to change your appointment, let us know at least 48 hours in advance, so that we may offer the spot to another patient.

