

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:

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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 ☐ Partial ☐ Nightguard ☐ Retainer ☐ None

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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:

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**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.**

