InfiniteSmiles DENTISTRY

7500 Sawmill Parkway
Powell, Ohio 43065
740.881.2600

Patient Information

Patient first name _____ M.I. _____ Patient last name _____

Preferred name _____

Patient SSN _____ Gender _____ Date of birth _____

Patient address _____

City _____ State _____ Zip code _____

Primary phone _____ ○ Home | ○ Cell | ○ Work Secondary phone _____ ○ Home | ○ Cell | ○ Work

Email _____

☐ I would like to receive correspondence by email.

☐ I am able to accept text messages.

Emergency contact name _____

Relationship to patient _____ Emergency contact phone _____

☐ Patient is under 18 years of age If so, complete below for responsible party.

Responsible party name _____

Relationship to patient _____ Date of birth _____

☐ Responsible party address is same as above (if different, complete below).

Responsible party address _____

City _____ State _____ Zip code _____

How did you hear about Infinite Smiles? _____

☐ $50 referral bonus I was referred by an existing patient (patient name must match our records).

Patient who referred me _____

Primary dental insurance information

* Please provide copy of insurance card *

Name of insured _____

Relationship to patient _____ Date of birth _____

Name of insurance carrier _____

Name of employer _____

Insured SSN / Member ID _____

Group number _____