

WELCOME TO OUR PRACTICE;

Please take a few moments to answer the following questions so we can better assist you with your dental needs. You may print this form and bring it with you to your first appointment.

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**Patient Information:** for Dr. John C. Stone, DDS

Name: \_\_\_\_\_ . Date: \_\_\_\_\_ .

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ .

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SS#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ .

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Who may we thank for referring you, \_\_\_\_\_ ?

Who should we contact in an emergency, \_\_\_\_\_ ?

Do you have dental insurance? \_\_\_\_\_ If so, please provide the insurance card at the desk.

I understand that fees for services are due at each appointment.

Signature: \_\_\_\_\_ , Date: \_\_\_\_\_ , 20\_\_