

Sumner Smiles Dentistry

Nikolina Nielsen, DMD & Denise Beaudet, DDS

Personal Information

Patient name: _____ I prefer to be called: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ DOB: _____ Gender: M F

Contact Phone: _____ cell home work Contact Phone: _____ cell home work

Email: _____ Employer: _____

I consent to receiving text messages for appointment reminders: Yes / No

Please circle: Married / Single / Domestic Partner / Widowed

Spouse's/Partner's Name: _____ Date of birth: _____

Emergency Contact NOT living with you: _____ Ph. Number: _____

Who may we thank for your referral? _____

Insurance Information

Name of Insured: _____ Subscriber ID/SSN: _____ DOB: _____

Employer: _____ Group # _____

Insurance Co: _____ Phone #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

Secondary Insurance (If applicable)

Name of Insured: _____ Subscriber ID/SSN: _____ DOB: _____

Employer: _____ Group # _____

Insurance Co: _____ Phone #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

Responsible Party (If different than self)

Name _____ SSN: _____ DOB: _____

Employer: _____ Address: _____

Contact Phone: _____