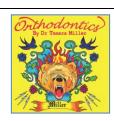
Welcome to our office!

Date: _____

1850 Keller Parkway, Suite 104 • drtamaramiller.com



Keller, Texas 76248 Keller, Texas 76248 • 817-431-1115 •

PATIENT INFORMATION			Male	Female
Patient's Name	e		d dl o	
246	First	Mid	ddle	
AddressStreet	City	Sta	ıte	Zip
Home Phone	Work Phone	Cell Phone_		
Birth Date	Social Security #	School	School	
If patient is a minor, give parent or gu	vardian's name:			
Patient:	Responsible	e Party:		
Email Address			Email Address	
General Dentist:	Last Appoin	ntment:		
Whom may we thank for referring you to	our office?			
	RESPONSIBLE PA	RTY INFORMATION		
Name				
Last	First	Middle		Marital Status
ResidenceStreet	City	Sta	ite	Zip
Address				
Street	City	Sta	ite	Zip
How long at this address	Home Phone	Wor	k Phone	
Previous Address (if less than 3 years)				
	Street	City Relationship to patient	City State Zip Relationship to patient	
Employer:	Occupation	# y	# years employed	
	SPOUSE'S INFOR	RMATION		
Spouse's Name		Relationship to patient		
Spouse's Employer	Occup	ation	# years employ	red
Spouse's Social Security #	Date of Birth			
	DENTAL INSURAN	ICE INFORMATION		
Insured's Name	DOB	DOB Insured's Social Security #		
Insurance Company	Group	# Sub. II	D#	
Employer:				
I understand that where appropriate,	credit bureau reports may	be obtained:	Initials	3-8
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