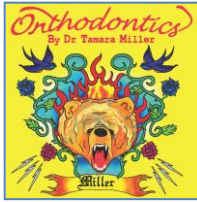


Welcome to our office!

Date: _____

1850 Keller Parkway, Suite 104 •
drtamaramiller.com



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

PATIENT INFORMATION

_____ Male _____ Female

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____ Social Security # _____ School _____

If patient is a minor, give parent or guardian's name: _____

Patient: _____ Responsible Party: _____
Email Address Email Address

General Dentist: _____ Last Appointment: _____

Whom may we thank for referring you to our office? _____

RESPONSIBLE PARTY INFORMATION

Name _____
Last First Middle Marital Status

Residence _____
Street City State Zip

Address _____
Street City State Zip

How long at this address _____ Home Phone _____ Work Phone _____

Previous Address (if less than 3 years) _____

Social Security # _____ Birth Date _____ Relationship to patient _____
Street City State Zip

Employer: _____ Occupation _____ # years employed _____

SPOUSE'S INFORMATION

Spouse's Name _____ Relationship to patient _____

Spouse's Employer _____ Occupation _____ # years employed _____

Spouse's Social Security # _____ Date of Birth _____

DENTAL INSURANCE INFORMATION

Insured's Name _____ DOB _____ Insured's Social Security # _____

Insurance Company _____ Group # _____ Sub. ID# _____

Employer: _____

I understand that where appropriate, credit bureau reports may be obtained: _____ Initials