

HORIZON DENTAL GROUP

PATIENT INFORMATION

Name	Appointment Date and Time
Address	City/State/zip
Phone	Can we text you?
Email	Can we email you?
Date of Birth	Social Security
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Seperated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
How did you hear about us?	

RESPONSIBLE PARTY (if other than patient)

Name	Driver's Lic #
Address	City/State/zip
Phone	Can we text you?
Email	Can we email you?
Date of Birth	Social Security

INSURANCE INFORMATON

Name of Insured	Date of Birth
Employer	Social Security
Address	Employer Phone #
INSURANCE CO.	Phone #
Member #	Group #
Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Retired	Student <input type="checkbox"/> FT <input type="checkbox"/> PT

SECONDARY INSURANCE INFORMATON

Name of Insured	Date of Birth
Employer	Social Security
Address	Employer Phone #
INSURANCE CO.	Phone #
Member #	Group #