



**LIFE DENTAL
SPECIALTIES**
Periodontics and Dental Implants

Life Dental Specialties
Springfield

(413) 739-5685
(413) 737-8209

1795 Main St., Suite 202
Springfield, Massachusetts
011031015
USA
info@teethr4life.com

Patient Demographics Life Dental Specialties

Please fill in the following information. Your answers are for our records only and will be kept strictly confidential subject to applicable laws.

General Information

First name - Patient	Middle name	Last name - Patient
<hr/>	<hr/>	<hr/>
Nickname/Preferred name	Prefix/Honorific	Degree/Suffix
<hr/>	<hr/>	<hr/>
Gender	Patient birth date	Marital status
<hr/>	<hr/>	<hr/>

Contact Information

Home #	Mobile #	Work #	Email address
<hr/>	<hr/>	<hr/>	<hr/>
Preferred Method of Electronic Communication			
<hr/>			
Patient mailing address		Patient billing address	
<hr/>		<hr/>	
<input type="checkbox"/> Has the main contact for the family, (usually a parent or guardian) changed since your last visit?	<input type="checkbox"/> Has the main person responsible for payments for the family, (usually a parent or guardian) changed since your last visit?		
<hr/>	<hr/>		
<hr/>			

Insurance Information

Primary Insurance Company	Secondary Insurance Company
<hr/>	<hr/>
Primary Policy Holder	Secondary Policy Holder
<hr/>	<hr/>
Primary Subscriber ID	Secondary Subscriber ID
<hr/>	<hr/>

Patient Demographics Life Dental Specialties

Primary Policy Holder DOB

Secondary Policy Holder DOB

Primary Policy Holder Employer

Secondary Policy Holder Employer

Primary Group Number

Secondary Group Number

Other Information

Emergency contact

Emergency #

Family doctor

Family doctor #

Referring/ General Dentist

Referring/ General Dentist #

Social Security number

Driver's license number

Previous provider

Previous provider phone

☐

Non-verbal communication needed with patient

☐

Has your insurance information changed since your last visit?

Signature

I agree that the information provided in this form is correct to the best of my knowledge.