

E. A. Fletcher, DDS PS  
Madelyn L. Fletcher, DDS

Please fill out all forms completely. We will be happy to help if you need assistance.

**Patient Information (CONFIDENTIAL)**

Name (Full) \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ OK to contact at work? \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Msg # \_\_\_\_\_ Best time to call \_\_\_\_\_  
Check Appropriate Box:  Minor/Child  Single  Married  Divorced  Widowed  Separated  
Patient's Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
If Patient is a Student, Name of School/College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Mothers Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fathers Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Person to contact in Case of Emergency \_\_\_\_\_ Phone # \_\_\_\_\_  
Nearest relative not living with you \_\_\_\_\_ Phone # \_\_\_\_\_

**Responsible Party**

Name of Person Responsible for this Account \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Address \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Home Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Msg Phone \_\_\_\_\_  
Is this Person Currently a Patient in our Office?  Yes  No

**Dental Insurance Information: Do You have Dental Insurance?**  Yes  No

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Insured's Birthdate \_\_\_\_\_ Insured's Soc Sec # \_\_\_\_\_ Date Employed \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Union or Local # \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_  
How Much is your Deductible? \_\_\_\_\_ Max. Annual Benefit \_\_\_\_\_ How Much Have You Used? \_\_\_\_\_  
Can you Choose your own dentist on this Insurance Plan?  Yes  No