

## Lyndhurst Family Dental Associates, PC

www.lyndhurstfamilydentalassociates.com

Today's Date:				
How did you hear about our office	?			
Name:				<del>_</del>
Last	First	MI	Mr	. Mrs Ms. Dr.
Nickname:	Date of Birth/		_/ SS#:	
Address:	City:		State:	Zip:
HM#: ( Cell	#: ()		Work#: (	)
Email Address:				
Diver's License:	Marital Status:			
Employer Name & Address:				
Previous / Present Dentist:				
Person Responsible for Account: _				-
<u>Primary Dental Insurance</u>				
Insurance Company Name & Addr	ess:			
Insurance Company Phone #:			Group #:	
Insured Name:	Insured's [	OOB:/_	/ Insured	's ID#:
Insured's Employer Name & Addr	ess:			
<u>Secondary Dental Insurance:</u>				
Insurance Company Name & Addr	ess:			
Insurance Company Phone #:			Group #:	
Insured Name:	Insured's [	OOB:/_	/ Insured	's ID#:
Insured's Employer Name & Addre	ess:			
Patient / Guardian Signature		Date		