

welcome

Welcome to our practice! Our intention is to assist you in acquiring and maintaining your best oral health. This includes: 1) restoring your teeth so that they are comfortable, functional and attractive 2) treating your gum tissue for a lifetime of periodontal health, and 3) evaluating your general health and habits to ensure a life-long future of overall excellent oral health.

Your answers to the following questions are the first step in determining your immediate and long-term dental care. Please add any comments you may have... the more we know about your needs and concerns, the better we can serve you. Thank you!

patient information/responsible party

NAME _____ NICKNAME _____ DRIVER'S LICENSE _____
 ADDRESS _____ CITY _____ ZIP _____
 SOCIAL SECURITY # _____ SEX: M / F AGE _____ BIRTH DATE _____
 EMPLOYED BY _____ OCCUPATION _____ HOW LONG _____
 HOME PHONE () _____ CELL PHONE () _____ ☐ OK to text _____
 STUDENT (full time) ☐ YES ☐ NO COLLEGE _____
 SPOUSE _____ DATE OF BIRTH _____ EMPLOYER _____ PHONE () _____
 EMAIL _____
 NOTIFY IN CASE OF EMERGENCY _____

responsible party information (if different from above) In the event of any dispute between Dr. Simmons and patient, the prevailing party shall recover reasonable attorney's fees.

NAME _____ DRIVER'S LICENSE # _____
 ADDRESS _____ CITY _____ ZIP _____
 SOCIAL SECURITY # _____ SEX: M / F AGE _____ BIRTH DATE _____
 EMPLOYED BY _____ OCCUPATION _____ HOW LONG _____
 EMPLOYER ADDRESS _____ BUSINESS PHONE () _____
 CITY _____ STATE _____ ZIP _____

insurance information The following information is for insured only

DO YOU OR RESPONSIBLE PARTY HAVE DENTAL INSURANCE? ☐ YES ☐ NO
 INSURANCE CO _____ INSURANCE PHONE () _____ GROUP # _____
 NAME OF INSURED _____ EMPLOYER _____
 SOCIAL SECURITY # _____ BIRTH DATE _____

As a courtesy, it is our wish to assist in the preparation and completion of your dental insurance claims. In order to do this accurately, the above information MUST be provided by you. Due to the volume of insurance policies, it is IMPOSSIBLE for us to provide you an EXACT estimated out-of-pocket figure. You are responsible in FULL for whatever is not covered by your insurance company.

how did you hear about us?

Our practice grows by referrals from our dental family...who may we thank for referring you to us for your dental care?