



# Welcome to Dr. Shur Dental

## About You

Today's Date \_\_\_\_\_ Email Address \_\_\_\_\_  
 Name \_\_\_\_\_ I prefer to be called \_\_\_\_\_ Male Female  
 Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Single Married Divorced Widowed Separated  
 Home Address \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Other# \_\_\_\_\_  
 When/Where is the best time to reach you? \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_  
 Other Family Members Seen By Us? \_\_\_\_\_  
 Employer \_\_\_\_\_ How long \_\_\_\_\_ Occupation \_\_\_\_\_

### *Relative or Friend not living with you*

His/Her Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

### *Person Responsible for Account if Other than Yourself*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Employer \_\_\_\_\_  
 Work# \_\_\_\_\_ Billing Address \_\_\_\_\_



## Spouse Information

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Other# \_\_\_\_\_  
 Employer \_\_\_\_\_ Email \_\_\_\_\_



## Insurance Information

### *Primary Dental Insurance*

Insurance Co. Name \_\_\_\_\_ Insurance Co. # \_\_\_\_\_ Group# \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 ID# \_\_\_\_\_ Relation \_\_\_\_\_ Employer \_\_\_\_\_

### *Secondary Dental Insurance*

Insurance Co. Name \_\_\_\_\_ Insurance Co. # \_\_\_\_\_ Group# \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 ID# \_\_\_\_\_ Relation \_\_\_\_\_ Employer \_\_\_\_\_