Kathleen L. Robinson, DMD
Russel E. Harrah, DMD
Brian M. Linton, DMD

VASSEY
Dental Partners
www.vasseydentalpartners.com

W. Neal Morgan, DMD
Michelle P. Konwick, DMD
Amish I. Naik, DMD

CONFIDENTIAL PATIENT INFORMATION

Patient's Name _____ Sex M / F
First Middle Last

Preferred Name _____ Date of Birth _____

Home Address _____
Street City, State County Zip Code

CONTACT

May we contact you via: ☐ Email _____

May we text you
regarding appts? Y N ☐ Mobile # _____ ☐ Home # _____ ☐ Work # _____

If Child, Parent(s)' Name(s) _____ If Adult, Spouse's Name _____

How did you find us? ☐ Phone Book ☐ Internet ☐ Angie's List ☐ Other _____ ☐ Referred by _____

INSURANCE

Patient's or parent's Employer _____ _____
Name Street Address City, State Business Phone

Present Position _____ SS # _____ DOB: _____

Spouse's Employer _____ _____
Name Street Address City, State Business Phone

Present Position _____ SS # _____ _____
Spouse's Birthday

Name of Patient's Physician _____ Phone Number _____

Most Recent Physical _____ Purpose _____

Person responsible for Acct. _____

Primary _____ _____ Secondary _____ _____
Dental Insurance Policy # Dental Insurance Policy #

I hereby authorize VASSEY DENTAL PARTNERS to provide dental treatment for me, or my above named child, as the case may be.

Signature of Patient or Parent/Guardian _____ Date _____ Signature of Dentist _____