

the **simpletooth**: Welcome

We're so glad that you've chosen us to serve your oral health care needs. Please complete your information. Feel free to ask us any questions.

First Name	Last Name	Middle Initial
Address		Apt#/Unit#
City	State	Zip
Home Phone	Work Phone	Cellular Phone
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Birth Date	Social Security Number	

Email Address: *We use them to send you appointment reminders and our monthly newsletter on dental health. We are CAN-SPAM compliant, and won't share your address without your consent*

Who Can We Thank for Referring You?

- My friend: _____
- My co-worker: _____
- My family member: _____
- My doctor: _____

I found you online at _____

- My PPO site Google
- Myspace Yahoo

An advertisement in _____

- Door-Mail Hanger Pennysaver Ad
- Valpak Coupon

Are you happy with your smile? Yes No
If not, what you like to improve?

Employment Information

Complete this section only if insurance is to be used

Subscriber's Name (the policy holder)

Date of Birth Social Security #

Relation to patient: Self Spouse Child Other

Employer Full time Part Time

Address

City State Zip

Insurance Company

Customer Service 800 number on card

Group Number