

Dr. Richard D. Howes, DDS.

Welcome

The benefits of a happy healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out these forms completely.

The better we communicate, the better we can care for you.

Today's Date _____

Name _____

I prefer to be called _____

Birthdate ___/___/___ Age ___ SS # _____

Single Married Divorced Widowed Separated

Driver license # _____

Address _____

City _____ State ___ Zip _____

Hm # _____ Wk# _____ Cell# _____

E mail address _____

Occupation _____

Employer _____

How long there _____

Address _____

City _____ State ___ Zip _____

Phone # _____

Whom may we thank for referring you _____

Other family members seen by us _____

Previous Dentist _____

Phone # _____ Last visit _____

Spouse's name _____

Occupation _____

Employer _____

Address _____

City _____ State ___ Zip _____

Work # _____ Ext# _____

Birthdate ___/___/___ Age ___ SS # _____

Person Responsible for Account: Same as above

Name _____

Home # _____ Work # _____ Ext# _____

Billing Address _____

City _____ State ___ Zip _____

Relation _____ SS # _____

Employer _____

Address _____

Primary Dental Insurance

Insurance Co. Name _____

Phone # _____

Address _____

City _____ State ___ Zip _____

Group #(Plan, Local or Policy #) _____

Insured's Name _____ Relation _____

Insured's Birthdate ___/___/___ SS # _____

Employer _____

Address _____

City _____ State ___ Zip _____

Phone # _____

Secondary Dental Insurance

Insurance Co. Name _____

Phone # _____

Address _____

City _____ State ___ Zip _____

Group #(Plan, Local or Policy #) _____

Insured's Name _____ Relation _____

Insured's Birthdate ___/___/___ SS # _____

Employer _____

Address _____

City _____ State ___ Zip _____

Phone # _____

In the event of an emergency, is there someone who lives near you that we should contact.

Their name _____

Relation _____

Work # _____ Ext _____

Home # _____

Physician's name _____

Phone # _____ Ext # _____

Date of last visit ___/___/___

CONTINUE ON OTHER SIDE

