



HappyTeeth

FAMILY DENTISTRY

1500 NW Market Street, Suite 100, Seattle WA 98107 Phone (206) 783-2220 www.happyteethballard.com

PATIENT INFORMATION

Full Name _____ Preferred Name _____
Date of Birth _____ Sex: Male Female
Home Address _____ Home Phone _____
City/State/Zip _____ Cell Phone _____
Social Security No. _____ Work Phone _____ Ext _____
Email _____
Whom may we contact in the event of an emergency?
Name _____ Phone _____ Relationship _____
How did you hear about our dental practice? _____

EMPLOYER INFORMATION

Employer Name _____ Occupation _____
Address _____ City/State/Zip _____

SPOUSE/PARENT/GUARDIAN

Full Name _____
Relationship to Patient: Spouse Parent Guardian
Home Address _____ Phone No. _____
City/State/Zip _____ Social Security No. _____

PRIMARY DENTAL INSURANCE

Dental Plan Name _____
Group/Policy No. _____
Dental Plan Phone No. _____
Address _____
Subscriber Name _____
Subscriber ID# (or Soc. Sec. No.) _____
Subscriber Date of Birth _____
Employer _____

SECONDARY DENTAL INSURANCE

Dental Plan Name _____
Group/Policy No. _____
Dental Plan Phone No. _____
Address _____
Subscriber Name _____
Subscriber ID# (or Soc. Sec. No.) _____
Subscriber Date of Birth _____
Employer _____

Signature _____

Date _____

Please initial here to indicate that you have read our office policies _____