Clara E. Tao, D.D.S., Douglas Colvin, D.D.S., & Katherine Colvin, D.D.S.

9240 Explorer Dr. Ste. 110 Colorado Springs, CO 80920 – (719) 599-0110

New Patient Information

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE): ____
HOME ADDRESS: ____ ZIP: _______
PREFERRED NAME: ____________________________ S.S. #:___-___-___ DOB: __/__/____
HOME PHONE: ___________________ MARTIAL STATUS: S M D W
WORK PHONE: ___________________ SEX M F
CELL PHONE: ___________________

PRIMARY DENTAL INSURANCE COMPANY:

SUBSCRIBER NAME: ______________________RELATION TO PT.: ______________________
ADDRESS: ____ZIP: _______
S.S. #: ___-___-___EMPLOYER: ____
DOB: __/__/____ ADDRESS OF EMPLOYER:____
PLAN NAME:______________________________________ GROUP#:__________________
INSURANCE COMPANY NAME: ________________________IND.YEARLY DED.: _____________
ADDRESS:_____________________________________ FAMILY YEARLY DED: _____________

SECONDARY DENTAL INSURANCE COMPANY:

SUBSCRIBER NAME: ______________________RELATION TO PT.: ______________________
ADDRESS: ____ZIP: _______
S.S. #: ___-___-___EMPLOYER: ____
DOB: __/__/____ ADDRESS OF EMPLOYER:____
PLAN NAME:______________________________________ GROUP#:__________________
INSURANCE COMPANY NAME: ________________________IND.YEARLY DED.: _____________
ADDRESS:_____________________________________ FAMILY YEARLY DED: _____________

RESPONSIBLE PARTY: ____
NAME AND ADDRESS: ____

_____________________________ _______________________________

Name of Patient (or Personal Representative) **Signature of Patient** (or Personal Representative)

____

Date