

# Welcome to Dr. Anthony Sidor's Office

Thank you for selecting our dental healthcare team. In order for us to provide you with the best possible dental care, please fill out this form completely. If you have any questions or need assistance please ask us – we will be happy to help.

## PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Patients:  Policy Holder Preferred Name: \_\_\_\_\_  
 Responsible Party Whom may we thank for referring you? \_\_\_\_\_

### **Responsible Party (if someone other than the patient)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_  
 Responsible Party is also a Policy Holder for Patient  Primary Insurance Policy Holder

### **Patient Information**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Sex:  Male  Female Martial Status:  Married  Single  Divored  Separated  Widowed  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_  
E-mail: \_\_\_\_\_  I would like to receive correspondences via e-mail

### Section 2

Employment Status  Full Time  Part Time  Retired  
Student Status:  Full Time  Part Time

### Section 3

Emerg Contact Name: \_\_\_\_\_  
Emerg Contact #: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_  
Pharmacy #: \_\_\_\_\_  
Referring physician: \_\_\_\_\_

### **Primary Insurance Information**

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other  
Group Number: \_\_\_\_\_  
Insured Soc. Sec: \_\_\_\_\_ Insured Birth Date: \_\_\_\_\_  
Insured Member ID#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Ins. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Please understand that we will work with your primary insurance to the best of our abilities.  
We cannot file your secondary insurance for you, but  
we will be happy to give you a receipt for all services rendered.**