



Welcome



Your answers to the following questions are the first step in determining your immediate and long-term dental and periodontal care. Please add any comments you may have. The more we know about your needs and concerns, the better we can serve you. This information will be protected by our privacy practices. Our Notice of Privacy Practices is available upon request, or on our website, HappyGums.com.

Thank You

Personal Information

Mr. Mrs. Ms. Miss.

Name: _____ Nick Name _____

Home Address: _____ City: _____ Zip: _____

Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____

Date of Birth: ____/____/____ Age: _____ Social Security Number.: ____/____/____

Your Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ Zip: _____

Name of Spouse: _____ Date of Birth: ____/____/____

Spouse's Employer: _____ Phone () _____ - _____

Legal Guardian (if a minor): _____ Home () _____ - _____

Guardian's Home Address: _____ Work () _____ - _____

Nearest Relative: _____ Home () _____ - _____

Not Living With You

For Patients with Dental Insurance

Payment is expected the day of your appointment.
As a courtesy, we will help facilitate you in billing your insurance company.

Primary Insured Person: _____ Soc. Sec. No: _____

Date of Birth: ____/____/____ Group # _____ Ins. Co. Phone Number: _____

Ins. Co. Name and Address: _____

Secondary Insured Person: _____ Soc. Sec. No: _____

Date of Birth: ____/____/____ Group # _____ Ins Co. Phone Number: _____

Ins. Co. Name and Address: _____