



NEW PATIENT INFORMATION

About You

Mr. Mrs. Ms. Dr.

Name (First) _____ (MI) _____ (Last) _____

I prefer to be called _____

Birthdate _____ SS# _____

Home Address _____

City _____ State _____ Zip _____

Single Married Divorced Widowed Separated

Phone (Home) _____ (Mobile) _____

Email _____

Employer _____ How Long there _____

Occupation _____ Phone _____

Employer's Address _____

Where and when are the best times to reach you?

Whom may we thank for referring you?

Other family members seen by us

Dental Insurance

Name of Insurance Company _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Group # (Plan, Local, or Policy #) _____

Insured's Name _____

Relation _____

Insured's Birth Date _____

Insured's SS# _____

Insured's Employer _____

Spouse Information

His/Her Name _____

Relationship _____

Home # _____ Mobile # _____

Work # _____ Ext _____

Emergency Contact

In the event of an emergency, is there a person you would like us to contact?

Name of contact _____

Relationship _____

Home # _____ Mobile # _____

Work # _____ Ext _____

Integrated Dental Arts
 Melvin B. Benson, Jr. DDS
 7251 West 20th Street
 Building H, Suite 2
 Greeley, CO 80634
 970-351-7153
 970-351-7155 (fax)
 www.ida-greeley.com
 Email: smiles@ida-greeley.com