



# Patient Information

Please tell us about yourself:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Check One: \_\_\_\_\_ Married \_\_\_\_\_ Unmarried

\_\_\_\_\_ Separated \_\_\_\_\_ Widowed

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Current Employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

May we contact you via e-mail? \_\_\_\_\_

Are you interested in allowing us to use your photos in our marketing efforts? If so, please initial here \_\_\_\_\_

## How did you hear about East Islip Dental Care?

Please circle one:

Referral - Who may we thank for referring you? \_\_\_\_\_

Phonebook Newspaper

Flyer Letter

Postcard Local Ad

Brochure Sign

Other \_\_\_\_\_

Internet: Circle site name

eastislipdentalcare.com

garyrosenfelddds.com

eastislipdentist.com

superpages.com

yellowpages.com

yellowbook.com

locateadoc.com

dentists.com

newsday.com

yodel.com

### Dental Insurance Information:

Insurance Co. Name \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_

Group # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

We reserve the right to charge for cancelled appointments without 24 hours advance notice.

As required by law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive or maintain. Your answers are for our records only and will be kept confidential subject to applicable laws. Please note that you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your health. This information is vital to allow us to provide appropriate care for you. This office does not use this information to discriminate.

We will assist you in every way possible with your insurance carrier; however, it is not always possible to predict which services are covered by the carrier or how much they will pay for a particular service. Please contact your insurance carrier with any questions regarding your coverage. Patients with insurance are responsible for payment of their bills.

