

Welcome!

Let's get started...

First Name MI Last Nickname Date of Birth

Street Address City State Zip

Email SSN

Preferred Phone # Alternate Phone #

Marital Status S M W D Male Female

Other Family Members on Your Account: _____

EMERGENCY CONTACT

Name Relationship Phone #

Who referred you to our office? _____

What is one thing that we should know about you?

I have read and reviewed Philp Family Dentistry's Notice of Privacy Practices and Consent for Health Disclosure (laminated & attached to this clipboard). If I desire, I can request a copy of this form.

Signature: _____ Date: _____