

Baker & Graham

FAMILY DENTISTRY

WELCOME TO THE OFFICE OF

William C. Baker, Jr. D.D.S. P.A., Erik G. Graham D.M.D. P.A.

Thank you for selecting our dental healthcare team! We strive to provide you with the best dental care possible. To help us meet all your dental healthcare needs, please complete this form in ink. If you have any questions or need assistance, please ask us ~ we will be happy to help.

PATIENT INFORMATION (CONFIDENTIAL)

Date _____

PATIENT:

First Name _____ Middle Name _____ Last Name _____

Preferred Name to be called (Nickname) _____ Soc. Sec. # _____

Mailing Address _____ Street Address _____

E-mail _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cellular Phone () _____

Date of Birth _____ Age _____ Marital Status _____ Sex _____

Employer _____ Occupation _____

Employer Address _____ Work Phone () _____

How did you hear about our practice? _____

How would you like to receive your statements Mail Email Text

PATIENT'S SPOUSE:

Name _____ Soc. Sec. # _____ Date of Birth _____

Employer's Name _____ Occupation _____ Work Phone () _____

Employer's Address _____ City _____ State _____ Zip Code _____

EMERGENCY INFORMATION:

Name of someone not living with you (in case of emergency).

Name _____ Phone () _____

Address _____ Relationship _____

• PLEASE COMPLETE SECTION BELOW IF PATIENT IS MINOR OR STUDENT •

PATIENT'S FATHER:

Father's Name _____ Father's Date of Birth _____

Father's Home Address _____

Father's Email _____

Father's Home Phone () _____ Father's Work Phone () _____ Father's Soc. Sec. # _____

Father's Employer _____ Occupation _____

Father's Employer's Address _____ City _____ State _____ Zip Code _____

PATIENT'S MOTHER:

Mother's Name _____ Mother's Date of Birth _____

Mother's Home Address _____

Mother's Email _____

Mother's Home Phone () _____ Mother's Work Phone () _____ Mother's Soc. Sec. # _____

Mother's Employer _____ Occupation _____

Mother's Employer's Address _____ City _____ State _____ Zip Code _____

INSURANCE INFORMATION:

Do you have dental insurance? yes no

If yes, please provide us with your dental insurance card.