



Welcome To
Our Practice

michels&gauquie
COSMETIC & FAMILY DENTISTRY

2330 Hemby Lane
Greenville, NC 27834
(252) 752-1600

PATIENT INFORMATION

Date _____ Name by which you prefer to be called _____

Patient's Name _____
Last First Middle

Billing Address _____
Street City State Zip

Street Address _____
Street City State Zip

Male Female Single Married Separated Divorced Other

Birthdate _____ Age _____ Social Security # _____

Home Phone _____ Cell _____ E-Mail Address _____

Work Phone _____ Employer _____ Occupation _____

Are you a full-time student? Yes No If yes, school name _____

Purpose of today's visit _____ How long since your last cleaning & exam? _____

Spouse's Name _____
Last First Middle

Spouse's Employer _____ Spouse's Work Phone _____

Spouse's Social Security Number _____ Spouse's Birthdate _____

Whom may we thank for referring you to our office? _____

What would you change about your smile? _____

Would you like your teeth whiter? _____

PARENT OR LEGAL GUARDIAN INFORMATION

Please complete if full-time student or under 18 years old. (Person responsible for bill)

Name _____
Last First Middle Marital Status

Mailing Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Employer _____

Social Security # _____ Birthdate _____ Relationship to Patient _____

DENTAL INSURANCE INFORMATION - PLEASE PROVIDE COPY OF CARD

Do you have dental insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have secondary coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Holder _____	Policy Holder _____
Date of Birth _____	Date of Birth _____
Subscriber # _____ Group # _____	Subscriber # _____ Group # _____
Insurance Company _____	Insurance Company _____
Employer of insured _____	Employer of insured _____
Relationship of insured to patient _____	Relationship of insured to patient _____

EMERGENCY INFORMATION

Name & relationship of nearest relative not living with you _____

Complete Address _____

Phone _____

Please complete other side

