

Farley Family Dental (801) 465-3256 805 South 500 West

Payson, Utah 84651

PATIENT INFORMATION SHEET

oate:	Whom May we Thank for Referring you?:			
Patient's Name:	s	SN:	Birthdate:_	Age:
Address:				
Phone #:	Sex: M F Ma	arital Status: M S	W D No. o	f Dependents:
Employer:		Phone:		
Emergency Contact Person:		Re	elationship:	
Address:			Phone:	
PERSON	N RESPONSIBLE	FOR PAYMENT	OF THIS ACCO	<u> </u>
Name of Responsible Person:_			Relationship:_	
Residence Address: Hm. Phone #:		SSN:		
Employer:			# of Years E	Employed:
			_ C/S/Z:	
Employer's Address:				
Employer's Address:				
	Wk. Phone i	#:	Dental Insura	MATION BELOW;
Jnion Local No.: IF DENTAL INSURANCE PRIMARY INSURANCE	Wk. Phone i	#: _VED, PLEASE CC Jse your Identificati SSN:_	Dental Insura DMPLETE INFORI on Card)	MATION BELOW;
Jnion Local No.:	Wk. Phone in the control of the cont	#:	Dental Insura OMPLETE INFORI on Card) Child:	MATION BELOW; Other:
Jnion Local No.:	CE WILL BE INVOL	#: _VED, PLEASE CO Jse your Identificati SSN:_ Spouse: Phone #:	Dental Insura DMPLETE INFORI on Card) Child: Unio	MATION BELOW; Other:
IF DENTAL INSURANCE PRIMARY INSURANCE Insured's Name: Patient's Relationship to In Employer:	CE WILL BE INVOL	#:	Dental Insura DMPLETE INFORI On Card) Child: Unio	MATION BELOW; Other:
IF DENTAL INSURANCE PRIMARY INSURANCE Insured's Name: Patient's Relationship to In Employer: Insurance Company:	Wk. Phone in the control of the cont	#:	Dental Insura DMPLETE INFORI on Card) Child: Unic Group # :	MATION BELOW; Other:
IF DENTAL INSURANCE Insured's Name: Patient's Relationship to In Employer: Insurance Company: Claims address: SECONDARY INSURAI	CE WILL BE INVOL	#:	Dental Insura OMPLETE INFORM on Card) Child: Unice Group #: on Card) SSN:	MATION BELOW; Other:
IF DENTAL INSURANCE Insured's Name: Patient's Relationship to In Employer: Insurance Company: Claims address: SECONDARY INSURAI Insured's Name:	Wk. Phone in the control of the cont	#:	Dental Insura DMPLETE INFORI On Card) Child: Group #: On Card) SSN: Child:	MATION BELOW; Other: Other: