



Thank you for visiting Snowy River Dental. We want your visit to be pleasant and comfortable. Please help us by completing this form.

**Patient Information**

Name \_\_\_\_\_  Male  Female  
                    LAST                                      FIRST                      MI                      PREFERRED  
Mailing Address \_\_\_\_\_  
                    STREET/P.O. BOX                                      CITY                      STATE                      ZIP CODE  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
          Work (\_\_\_\_\_) \_\_\_\_\_ May we contact you via email? Yes No  
                    May we contact you at work? Yes No  
          Cell (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_  
                    May we contact you via text? Yes No  
Emergency: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Insurance** (\*please give your insurance card(s) to the receptionist at the front desk)

**Primary Dental Carrier**  
Subscriber Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group/ID # \_\_\_\_\_  
Relation to Patient \_\_\_\_\_

**Secondary Dental Carrier**  
Subscriber Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group/ID # \_\_\_\_\_  
Relation to Patient \_\_\_\_\_

**Insurance/Authorization Statement** (Please Sign & Date):  
I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. I hereby authorize Snowy River Dental to release my Protected Health Care Information to Healthcare financing administrations and its agents to determine my healthcare benefits. The information on this page is correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If Patient is under 18**  
Responsible Party \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
                    STREET/P.O. BOX                                      CITY                      STATE                      ZIP CODE  
Phone: (\_\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_