PEACE VALLEY DENISTRY

PATIENT INFORMATION

WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE. WE APPRECIATE THE OPPORTUNITY TO SERVE YOUR DENTAL CARE NEEDS.

OUR OFFICE PARTICIPATES IN AETNA, CIGNA, DELTA DENTAL PREMIER, DENTA MAX, GUARDIAN AND MET-LIFE INSURANCE PROGRAMS. IF YOU ARE NOT COVERED BY THESE INSURANCE COMPANIES, OUR SERVICES ARE DUE IN FULL AT THE TIME OF VISIT.

WE ALSO OFFER CARE CREDIT FINANCING PROGRAM WHICH OFFERS NO INTEREST AND LOW INTEREST PLANS.

NAME----------DATE OF BIRTH----------

ADDRESS----------

CITY----------STATE----------ZIP----------

PHONE (H)----------(W)----------(C)----------

EMAIL ADDRESS ----------

OCCUPATION---------- SOCIAL SECURITY #----------

BUSINESS ADDRESS----------

NAME OF SPOUSE/PARENT----------

PERSON RESPONSIBLE FOR ACCOUNT----------

DO YOU HAVE DENTAL INSURANCE----------

REFERRED BY----------

PHYSICIAN----------PHONE----------

IN CASE OF EMERGENCY, NAME & PHONE # OF RELATIVE/FRIEND

DATE----------SIGNATURE----------