JEFFREY L. ELMER, D.D.S.
172 ALLCUTT
BONNER SPRINGS, KANSAS 66012
Telephone (913) 422-3011

PATIENT INFORMATION

Date

Patient Name

Address

City State Zip

Best way to contact you: H W C Phone E-mail Text message

Home Phone No.

Work Phone No.

Cellular Phone No.

E-mail Address

Birth date Age Male ❑ Female ❑

Social Security Number

Married ❑ Single ❑ Divorced ❑ Widowed ❑

Employer Position

School

The best time for your appointments are at:

AM PM

The best day of the week is: (circle one or more)

M T W T R

Emergency Contact Information:

Name

Relationship

Phone Number

Address

City State Zip

Responsible Party

Address

City State Zip

Responsible Party Social Security Number

Who may we thank for referring you:

❑ Friend's Name

❑ Sign

❑ Website/Internet Search

❑ Newspaper

❑ Television

❑ Other

DENTAL INSURANCE INFORMATION

PRIMARY INSURANCE Group# Policyholder ID#

Insurance Company Insurance Company Address(P.O.Box/Street)

Insurance Company Phone Policy Holder City State Zip

Policy Holder's Birthdate Policy Holder's Social SecurityNo. Persons covered under this policy

Employer Name

Employer Address Employer Phone

SECONDARY INSURANCE Group# Policyholder ID#

Insurance Company Insurance Company Phone Insurance Company Address (P.O. Box/Street)

Policy Holder Persons Covered Under This Policy City State Zip

AUTHORIZATION/RELEASE OF INFORMATION. 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 of dental treatment. I hereby authorize the Dental Office to administer such medications and perform such diagnostic and therapeutic procedures as may be necesary for proper dental care. I hereby authorize release of any information, including the diagnosis and records of treatment or examinaton rendered, to my insurance company.

SIGNATURE OF RESPONSIBLE PARTY

❑ Adult Patient ❑ Father (or husband) ❑ Mother (or wife) ❑ Guardian

Date State Driver's License Number