

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 _____
Home Phone No _____ Mobile Phone No _____
Email Address: _____ Birth date _____ Age _____ Male Female
Social Security Number _____
Patient's Employer _____ Work Phone No _____

Responsible Party's Information

Name _____ SSN _____ DOB _____
Address _____ City _____ State _____ Zip _____
Employer _____ Employer Phone _____

Emergency Contact Information

Name _____
Phone Number _____
Address _____

Dental Insurance Information

Primary Ins Company _____ Group No _____
Policy No _____ Ins Company Address _____
Ins. Company Phone No _____ Policy Holder's Name _____
Policy Holder's Birthdate _____ SSN _____ Employer _____
Employer's Phone No _____ Employer's Address _____
Secondary Ins Company _____ Group No _____
Policy No _____ Ins Company Address _____
Ins. Company Phone No _____ Policy Holder's Name _____

Whom may we thank for referring you? Friend _____ Website/Internet Other

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 necessary for proper dental care. I hereby authorize release of any information, including the diagnosis and records of treatment or examination rendered to my insurance company.

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____

RELATIONSHIP TO PATIENT _____