**SOUTH LAKE FAMILY DENTISTRY (Email Form)**

**Name:(last)_____(first)_____(mi)____**
**Preferred Name:_____ Male Female**
**Date of Birth_____/_____/_____**
**Social Security#:_____-_____-_____**
**Address:_____**
**City:_____State:_____Zip:_____**
**Home Phone#:( )____-_____ Cell#:_____**
**Married Single Child Student**

**RESPONSIBLE PARTY:**

**Person responsible for payment:_____**
**Relationship:_____ Social Security:_____**
**Home Phone#( )_____-_____ Cell#:_____**
**Address (if different from above):_____**
**City:_____State:_____Zip:_____**
**Email: _____**
**Employer Name:_____Work#:( )____-_____x____**
**Employer Address:_____City:_____**
**State:_____Zip:_____ Occupation/Department:_____**
**Email: _____**

**INSURANCE PRIMARY:**

**Insured Name:_____Date of Birth:_____**
**Insured SS#:_____-_____-_____ Group#:_____**
**ID#:_____**
**Employer providing Insurance:_____**
**Insurance Company Name:_____**
**Insurance Company Phone#:_____**

**SPOUSE INFORMATION**

**Name(last):_____(first):_____(m.i.)_____**
**Date of birth:_____**
**Social Security number:_____**
**ID#:_____**
**Spouse employer name, address, & phone number:**
_____
_____
_____( )_____-_____
**Spouse insurance company name, address, & phone number:**
_____
_____
_____( )_____-_____

**REFERRAL**

**Who referred you to us?**_____

**Your former address:** _____
_____

**ER CONTACT**

**Person to contact for emergency:**_____
**Phone number:** _____
**Address:**_____