

Shenk Dental Care
4690 Woodstock Road
Suite 100
Roswell, GA 30076
770-992-6568

Welcome!

We are pleased to welcome you to our practice.

Whom may we thank for referring you? _____

Are any relatives patients of ours? _____

Patient Information

Name _____ Today's Date ____/____/____
Address _____ Birthdate ____/____/____
City _____ State ____ Zip _____ ___ Male ___ Female ___ Child

Home phone _____ Cell phone _____ Work phone _____

SS# ____ - ____ - ____ Email _____

Employer (skip if child) _____ Occupation _____ # yrs ____

Business address _____

Notify in case of emergency _____ Day phone # _____

Spouse Information

Name _____ Birthdate ____/____/____
Employer _____ Work phone _____
SS# ____ - ____ - ____ Cell phone _____

Responsible Party/Primary Insurance Coverage

Name _____ Birthdate ____/____/____
SS# ____ - ____ - ____ Relationship to patient _____

Address (if different) _____

Home phone _____ Cell phone _____ Email _____

Employed by _____ Occupation _____ # yrs ____

Business address _____

Insurance Carrier _____

Policy # _____ Group # _____

Secondary Insurance Coverage

Name _____ Birthdate ____/____/____
SS# ____ - ____ - ____ Relationship to patient _____

Address (if different) _____

Home phone _____ Cell phone _____ Email _____

Employed by _____ Occupation _____ # yrs ____

Business address _____

Insurance Carrier _____

Policy # _____ Group # _____