Beachwood Dental

PAUL MIKHLI, DDS

— Welcome to Our Office —

PATIENT DATA SHEET

(Please complete and return to us at your first visit)

Patient _____ ❑ Dr. ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.
LAST FIRST MIDDLE INITIAL PREFERRED NAME

Home Address _____ Apt. #_____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone #_____

E-mail _____

Birthdate _____ Social Security Number_____

Marital Status: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Referred by_____

Employer _____

Business Address_____

Business Phone # _____

Spouse's Name _____ Spouse's Employer _____

Business Address_____ Business Phone # _____

Who is financially responsible for this account?_____ Relationship _____

Address (if different from above) _____

City _____ State _____ Zip Code _____ Phone # _____

Do you have dental insurance? _____ Name of Insurance Company _____

Policy Number_____ Group Number _____

Policy Holder's Social Security Number_____ Policy Holder's Date of Birth _____

Do you have a Secondary Insurance Company? ❑ Yes ❑ No Name of Secondary Insurance _____

Policy Number_____ Group Number _____

Policy Holder's Social Security Number_____ Policy Holder's Date of Birth _____

In case of emergency, contact _____
NAME RELATIONSHIP

_____
ADDRESS PHONE #

All information is correct and complete to the best of your knowledge.

Signature _____ Date _____

Thank You!