ORTHODONTICS
in the highlands

3538 West 44th Ave. • Denver CO 80211 • p: 303.433.7500 • f: 303.433.7501 • w: www.orthointhehighlands.com

PATIENT INFORMATION

_____ _____ M or F
Patient's Name Date of Birth

_____ _____ _____ _____ _____ _____
Social Security Number Date of Last Cleaning School

Health Problems: _____ Referred by: _____

PERSON RESPONSIBLE FOR ACCOUNT

NAME:_____

ADDRESS: _____

CITY, STATE, ZIP CODE : _____

TELEPHONE NUMBER: _____CELL OR OTHER NUMBER:_____

DO YOU HAVE DENTAL INSURANCE? _____YES _____NO

INSURANCE COMPANY _____ _____
Medicaid Number

Appointment Made:
___Yes ___No

___NPC ___NPA

Date: _____

Time: _____

Office Use Only

EMPLOYEE & EMPLOYER INFORMATION (Not necessary if Medicaid)

EMPLOYEE: _____ __ (SAME AS ABOVE)

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER: _____ ____ _____

EMPLOYER:_____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

INSURANCE POLICY NO./SUBSCRIBER ID: _____

PATIENT POLICY NO./ PATIENT ID: _____

GROUP NUMBER:
_____