



Living Smiles Dentistry, LLC  
 114 S. Livingston Ave  
 Livingston, NJ 07039  
 Tel: (973)-740-0222



### PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

PERSONAL			
Name _____			
Last	First	MI	(Preferred)
Birthdate _____ SS# _____ Gender: [ ] M [ ] F Married: [ ] Y [ ] N			
Work Phone _____ Wireless Phone _____ Home Phone _____			
Email _____			
Preferred contact method [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email			
Preferred contact method for confirmations [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email			
Preferred contact method for recall [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email			
Student status if dependent over 19 (for ins) [ ] Nonstudent [ ] Fulltime [ ] Parttime			
How did you hear about us? _____			
(If someone referred you here, please write down their name so we can thank them.)			
Is there anything you want to improve on your Smile? How would you rate your smile in a scale from 0-10? _____			
ADDRESS AND HOME PHONE			
Check box if same for entire family [ ]			
Address _____			
Address 2 _____			
City _____ State _____ Zip _____			
Home Phone _____			
INSURANCE POLICY 1			
Your relationship to subscriber: [ ] Self [ ] Spouse [ ] Child			
Subscriber Name _____ Subscriber ID # _____			
Subscriber's DOB: _____ Subscriber's SSN: _____			
Insurance Company _____ Phone _____			
Employer _____ Group Name _____ Group # _____			
Please present insurance card to receptionist.			
INSURANCE POLICY 2			
Your relationship to subscriber: [ ] Self [ ] Spouse [ ] Child			
Subscriber Name _____ Subscriber ID # _____			
Insurance Company _____ Phone _____			
Employer _____ Group Name _____ Group # _____			

Comments: