



Living Smiles Dentistry, LLC
 2 West Northfield Road Suite 203
 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 # _____

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: