

GLOUSE FAMILY DENTISTRY
800 E. CLEVELAND AVE
MONETT, MO 65708

WELCOME

Thank you for your visit today! We appreciate you trusting us to care for your dental health, and we are pleased to welcome you to our practice. If you have any questions, please just ask and we will be happy to help you. We look forward to working with you!

PATIENT INFORMATION:

Name: _____ SSN: _____ - _____ - _____

Home #: _____ Cell #: _____ Emergency Name, Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Sex: M or F Age: _____ Birthdate: _____ Marital Status: S M D W

Employer: _____ Occupation: _____

Work Phone: _____ Address: _____ City: _____ State: _____

WHO MAY WE THANK FOR REFERING YOU TO OUR PRACTICE? _____

INSURANCE INFORMATION:

Who is responsible for this account? _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ SSN: _____ - _____ - _____ Relationship to patient: _____

Employed by: _____ Work #: _____

Insurance Company: _____ Secondary Insurance: _____

Group #: _____ Subscriber #: _____

Names of other Dependents: _____

Contact release information: I agree to permit Glouse Family Dentistry and their business associates to contact me, and all other responsible parties on my account, on our cell or other mobile devices concerning any and all aspects of my account.

_____ (patient or guardian signature)

I consent to receive text message appointment reminders and confirmations. _____ (please initial)

I consent to receive email appointment reminders and confirmations. _____ (please initial)

Email Address: _____