

Arizona Advanced Dental PATIENT INFORMATION

office of
DONALD CLIFFORD, D.D.S.
Mesa, Arizona • (480) 820-6080

In order to help us render the proper dental services to you, please fill out the following form completely.

Patient:

Patient's Name _____ Date _____
Last First M. Male
Female
Address _____ Birthday _____
Mo. Day Yr.
City/State/ZIP _____ Age _____
Previous Address (if less than 6 months at present address) _____

Home Phone _____ Cell Phone _____ Social Security # _____
Employer _____ Business Phone _____ Email _____
Employer Address _____ May we contact you at work? _____
Marital Status: Single Married Head of Household

If Married:

Spouse's Name _____ Social Security # _____ Birthday _____
Spouse's Employer _____ Business Phone _____
Employer Address _____

Whom may we thank for referring you?

Have any family members been seen in our office? _____

IN CASE OF EMERGENCY:

Name of nearest adult relative not living with you _____
Relation _____ Address _____ Phone _____
Name Address & Phone Number of a personal friend _____
Name Address Phone

Insurance Information

Name of Insurance Company _____ Phone _____
Name of Insured Person _____ SSN # _____
Insured I.D.# _____
Policy or Group Number _____ Group Name _____

Person Responsible for Account

Name _____
If person responsible is different from above patient — then fill out the following:
Address _____
City _____ State _____ ZIP _____
Social Security # _____ Birthdate _____
Home Phone _____ Work Phone _____
Employer _____ Employer Address _____

(over)