# New Client Information

Client Name: ______________________________________________________________________

Client Address: ____________________________________________________________________

__________________________________________________________________________________

Home Phone Number: (_____)-______-_________

Cell Phone Number: (_____)-______-_________

Work Number: (_____)-______-_________

Email: _________________________________@_________________________________

Date of Birth: ____/____/________

Social Security Number: _____-_____-_________

Please present your dental and medical insurance cards. This will allow us to make a physical copy of them to keep in your file. If you do not have one or both, please disregard.

Dental Insurance

Are you the Subscriber? Y N

If you are not the Subscriber, who is

Name: ________________________________________________________

Date of Birth: ____/____/________

Social Security #: _____-_____-_________

Medical Insurance

Are you the Subscriber? Y N

If you are not the Subscriber, who is

Name: ________________________________________________________

Date of Birth: ____/____/________

Social Security #: _____-_____-_________

Date of last dental visit: ____/____/________

Date of last hygiene visit: ____/____/________

How did you hear about us? ____________________________________________________________

Primary reason for today's visit?________________________________________________________

Signature: ___________________________________________ Date: ____/____/________

Krasowski Dental believes that knowledge is the key to providing exceptional dental care. We are committed to our clients and provide technically advanced dentistry with personal attention and excitement for what we deliver. Our goal is to be the exception in town, the one in