South Barrington Dental Care
8 Executive Court, Suite 2
South Barrington, IL 60010

Patient Information

South Barrington Dental Care is thrilled 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 more than happy to help you.

Personal

Name: _____ _____ _____
Last First MI

Birthdate:_____ SS#:_____ Gender: ☐ M ☐ F Married: ☐ Y ☐ N

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Preferred contact method: ☐ Cell ☐ Home ☐ Work ☐ Email

Student status if dependent over 19 (for insurance): ☐ Non-Student ☐ Full-time ☐ Part-time

How did you hear about us? _____
(if someone referred you, please write down name so we can thank them)

Demographics

Check box if same for entire family ☐
Address:_____

Address: _____

City:_____ State:_____ Zip:_____

Home Phone:_____

Insurance Policy 1

Your relationship to subscriber: ☐ Self ☐ Spouse ☐ Child Subscriber DOB: _____

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 DOB:_____

Subscriber Name:_____ Subscriber ID#:_____

Insurance company:_____ Phone:_____

Employer:_____ Group Name:_____ Group #_____