

WELCOME

Dennis R. Lucas, D.M.D.

Our goal is to help you reach and maintain maximum oral health. You will be provided with an office brochure so that we may better serve you. Thank you for filling out this form completely.

ABOUT YOU

Today's Date: _____

Social Security #: _____

Name: _____

I like to be called: _____

Home Address: _____

Mailing Address, if different: _____

Address: _____

Your Employer: _____

Occupation: _____

Birthday: _____ Male ___ Female ___

Single ___ Married ___ Divorced ___ Widowed ___

Special interest, sports or hobbies: _____

Referred by: _____

DENTAL INSURANCE

Do you have dental insurance through your employer?

Yes ___ No ___

If yes, please provide the following information:

Dental Insurance Co. #1: _____

Group #: _____

Insurance Co. Phone #: _____

Your Employer's Name: _____

Do you have any other Dental Insurance Coverage?

Yes ___ No ___

This coverage is through:

Spouse ___ Parent ___ Other ___

Their Name: _____

Their Employer's Name: _____

Their Social Security #: _____

Their Birthdate: _____

Dental Insurance Co. #2: _____

Group #: _____

Insurance Co. Phone #: _____

TELEPHONE

Home Phone: _____ Work Phone: _____ Ext: _____

Email Address: _____

When is the best time to reach you? _____ Where? _____

In the event of an emergency, is there someone who lives near you that we could Contact?

Name: _____ Relationship: _____

Work #: _____ Home #: _____