

Welcome to Alaska Junction Dental!

Thank you for joining our practice. Please fill out the following information for our records.

PATIENT INFORMATION

_____ Date of Birth: _____
First Name Middle Initial Last Name Preferred Name
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Social Security Number: _____ - _____ - _____
Sex: _____ Marital Status: Single Married Divorced Separated Widowed
Occupation: _____ Employer: _____
Would you like to receive email reminders from our office? Yes No
Would you like to receive text message reminders from our office? Yes No

PREVIOUS DENTIST

Would you like us to request records from your previous dentist? Yes No
If yes, please provide the following information:
Name of previous dentist: _____
City/State: _____
Phone Number: _____ Fax Number: _____ Email: _____

PRIMARY INSURANCE

Are you the policy holder for your insurance? Yes No
If yes, please skip to Employer Name.
If no, please provide the following information regarding the policy holder
Policy Holder Name: _____ Policy Holder Date of Birth: _____
Policy Holder Social Security Number: _____ - _____ - _____
Employer Name: _____ Insurance Company: _____
Insurance Company Address: _____
Insurance Company Phone Number: _____ Group Number: _____
Policy ID Number: _____ Group Name: _____

SECONDARY INSURANCE (if applicable)

Are you the policy holder for your secondary insurance? Yes No
If yes, please skip to Employer Name.
If no, please provide the following information regarding the policy holder
Policy Holder Name: _____ Policy Holder Date of Birth: _____
Policy Holder Social Security Number: _____ - _____ - _____
Employer Name: _____ Insurance Company: _____
Insurance Company Address: _____
Insurance Company Phone Number: _____ Group Number: _____
Policy ID Number: _____ Group Name: _____

HOW DID YOU LEARN ABOUT OUR OFFICE?

Yelp Facebook Patient Referral, Name of Patient: _____
 Google Twitter Angie's List Walk In Nextdoor
 ZocDoc DexKnows Office Website West Seattle Neighborhood Map
 Angie's List Yellowbook Other: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____ Email: _____