

DI LORETO DENTAL CARE, PC

20690 Vernier Rd, Harper Woods, MI 48225 PH: 313-884-3050

PATIENT PROFILE

First Name: _____ HM PH: _____

Last Name: _____ WK PH: _____

Nickname: _____ OTHER: _____

Are you a: *Patient? Responsible Party for Billing? Dental Insurance Policy Holder?*

Who will be responsible for your account billing? _____

Home Address _____

Address Line 2 _____

City _____

State _____ Zip Code _____

Gender: *Male* *Female*

Marital Status: *Married* *Divorced* *Separated* *Single* *Widowed*

Birth Date: _____

Social Security Number: _____

Email Address: _____ Do you wish to receive email? *YES* *NO*

Dental Insurance? *YES* *NO*

Dental Insurance Policy Holder _____

Relationship to Policy Holder: *Self* *Child* *Spouse* *Other*

Occupation: _____

Employer: _____

Dental Insurance Group/Plan Number _____

Do you have any other Dental Insurance Coverage? *YES* *NO*

Other Ins Info _____

Student Status: *Full-Time* *Part-Time* *N/A*

Have you had any Dental X-ray Images made in the past year? *YES* *NO*

What dental office made the X-ray Images? _____

Who may we thank for referring you to our office? _____