

# Healthy Smiles Family Dentistry

1233 Haddonfield-Berlin Road, Suite 6, Voorhees, NJ 08043

Welcome!

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Patient/Guardian's Email Address: \_\_\_\_\_

How you heard about us:

If somebody referred you, please tell us their name, we would love to thank them:

***If you have dental insurance, please fill out the area below completely***

## ***Primary Dental Insurance***

Person Responsible for Account \_\_\_\_\_  
Relation to patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
Address (if different from patient) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_  
Person Responsible Employed by \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ Business phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Ins. # \_\_\_\_\_  
Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_  
Names of dependents under this plan \_\_\_\_\_

## ***Additional Dental Insurance***

Is patient covered by additional dental insurance? Y/N

Subscriber Name \_\_\_\_\_  
Relation to patient \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
Subscriber Employed by \_\_\_\_\_ Business Ph.# \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_