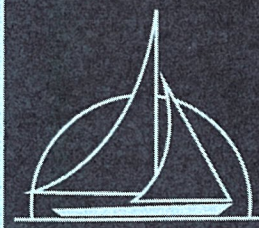

ALAN G. KLINE, D.D.S.
JOHN P. VELTMAN, D.D.S.

FAMILY DENTISTRY

Today's Date: ____/____/____

Birthdate: ____/____/____

Age: _____ ❑ Male ❑ Female

Social Security #: _____

Driver License #: _____

About You

Name: _____ Nickname: _____
Last First Mi Mr Mrs Ms Dr

E-mail Address: _____ ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Home Address: _____
Street City State Zip

Home Phone: (____)____ Cell: (____)____ Work Phone: (____)____ Ext: ____

When is the best time to reach you? _____ Whom may we thank for referring you? _____

Other family members seen by us: _____

Employer: _____ How long there? _____ Occupation: _____

Employer's Address: _____
Street City State Zip

Emergency Contact: _____ Relation: _____ Work Phone: (___)____ Ext: ___

Emergency Contact's Address: _____ Home Phone: (____)____
Street City State Zip

Person Responsible for Account if other than Yourself

Name: _____ Relation: _____ Home Phone: (____)____ Social Security #: _____

Employer: _____ Work Phone: (____)____ Ext. ___ Drivers License #: _____

Billing Address: _____
Street City State Zip

Spouse Information

Name: _____ Birthdate: ___/___/___ Social Security #: _____

Employer: _____ Work Phone: (____)____ Ext. ___ Drivers License #: _____

Insurance Information

Primary Insurance Dental Coverage? ❑ Yes ❑ No Orthodontal Coverage? ❑ Yes ❑ No

Insurance Co. Name: _____ Phone #: (____)____ Group # (Plan, Local or Policy #): _____

Insurance Co. Address: _____
Street City State Zip

Insured's Name: _____ Social Security #: _____ Birthdate: ___/___/___ Relation: _____

Insured's Employer: _____ Employer's Address: _____
Street City State Zip

Secondary Insurance Dental Coverage? ❑ Yes ❑ No Orthodontal Coverage? ❑ Yes ❑ No

Insurance Co. Name: _____ Phone #: (____)____ Group # (Plan, Local or Policy #): _____

Insurance Co. Address: _____
Street City State Zip

Insured's Name: _____ Social Security #: _____ Birthdate: ___/___/___ Relation: _____

Insured's Employer: _____ Employer's Address: _____
Street City State Zip

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