

Clarida and Clarida Dentistry
1651 Mt. Vernon Road
Dunwoody, Georgia 30338
claridadentistry@bellsouth.net
(770) 394-3920

NEW PATIENT INFORMATION

Personal Information

Name: _____
Social Security Number: _____ Birth Date: _____
Preferred Name: _____ () Male () Female () Single () Married
Name of Spouse: _____

Address: _____
City/State/Zip: _____
Who may we thank for referring you to our office? _____
Employer: _____ Your occupation: _____

Responsible Party

Name: _____ Relation to patient: _____
Social Security Number: _____ Birth Date: _____
Address: _____
City/State/Zip: _____

Insurance Information

Insured's Name: _____
Social Security Number: _____ Birth Date: _____
Employer: _____ Occupation: _____
Insurance Name: _____ Phone #: _____
Group Number: _____ Employee ID No. _____

How Can We Contact You?

Home Phone: _____ Work Phone: _____ Ext: _____
Cell Phone: _____ Pager: _____
Email Address: _____
Where do you prefer to receive calls? () Home () Work () Cell () Pager () Email
When is the best time to reach you during business hours? _____

Authorization and Release

I authorize Clarida and Clarida Dentistry to release any information concerning my dental treatment, or my child's, to a third party payors and/or health practitioners.

Signature of patient or parent: _____

Doctor signature: _____

Date: _____