

Arboretum Dental
Suzanne P. Triemstra DDS, PLLC
1613 Military Cutoff Rd. Ste: 220
Wilmington, NC 28403

PATIENT INFORMATION

FULL NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CELL# _____ HOME# _____

CIRCLE APPROPRIATE: MINOR SINGLE MARRIED DIVORCED WIDOWED SEPARATED

PATIENT'S OR PARENT/GARDIAN'S EMPLOYER _____ WORK # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IS PATIENT A COLLEGE STUDENT? NAME OF SCHOOL _____ PART TIME OR FULL TIME

WHOM MAY WE THANK FOR REFERRING YOU? _____

PERSON IN CASE OF AN EMERGENCY _____ PHONE # _____

RESPONSIBLE PARTY

PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RELATION TO PATIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ WORK # _____ CELL # _____

SS# _____ EMAIL ADDRESS _____

INSURANCE INFORMATION

NAME OF INSURED _____ RELATION TO PATIENT _____

BIRTHDATE _____ SS# _____

NAME OF EMPLOYER _____ WORK NUMBER _____

ADDRESS OF EMPLOYER _____ CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____ GROUP NUMBER _____ MEMBER ID _____

DO YOU HAVE SECONDARY INSURANCE? YES OR NO

PLEASE PROVIDE INSURANCE CARDS UPON ARRIVAL TO YOUR APPOINTMENT

X _____
Signature

_____ **Date**