GLEN ELLYN SMILES

ROBIN M. JUNGBLUT, DDS, FAGD, PC
493 DUANE STREET, SUITE 103 ~ GLEN ELLYN, IL 60137
PHONE: (630) 858-1232 ~ FAX: (630) 858-1299
frontdesk@dentistinglenellyn.com ~ www.DentistinGlenEllyn.com

PATIENT INFORMATION

Patient Name: _____ Today's Date: _____

Birth Date: _____ Social Security Number: _____ Marital Status: S M D W

Home Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

What is your preferred method of contact? ☐ Home Phone ☐ Cell ☐ Business ☐ Email

EMERGENCY CONTACT: _____ Phone Number: _____

Employer Information

Employer Name: _____ Occupation: _____

Employer Address: _____

Spouse Information

Spouse's Name: _____ Birth Date: _____

Social Security Number: _____ Cell Phone: _____ Business Phone: _____

Employer Name: _____ Occupation: _____

Employer Address: _____

Primary Dental Insurance

Insurance Company: _____

Insurance Company Address: _____

Phone Number: _____ Employer: _____

Name of Subscriber: _____ Relationship: _____

Date of Birth: _____ Group Number: _____ ID Number: _____

Secondary Dental Insurance

Insurance Company: _____

Insurance Company Address: _____

Phone Number: _____ Employer: _____

Name of Subscriber: _____ Relationship: _____

Date of Birth: _____ Group Number: _____ ID Number: _____

Continued on Page 2...

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PATIENT INFORMATION – *Continued...*

Patient Name: _____ Today's Date: _____

Medical Insurance

Insurance Company: _____

Insurance Company Address: _____

Phone Number: _____ Employer: _____

Name of Subscriber: _____ Relationship: _____

Date of Birth: _____ Group Number: _____ ID Number: _____

Financial Responsibility

Who is financially responsible for payment? _____

If different from above, then please list name , relation, address, and phone number: _____

_____

HOW WILL THE BILL BE PAID TODAY? ☐ CHECK ☐ CREDIT CARD

Other

How did you hear about our practice? _____

_____ _____

Signature of Patient, Parent or Guardian Date:

FOR OFFICE USE ONLY ID CHECK: _____ DATE: _____ INIT: _____