MILLS & SHANNON DENTISTRY
COMFORT, CONFIDENCE & EXCELLENCE.

PATIENT INFORMATION **DATE**

Legal Name _____ Last Name _____ Middle Initial ____ Preferred Name _____

Physical Address _____ City _____ State ____ Zip Code _____

Mailing Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Ext _____ Cell Phone _____

Birth Date _____ Social Security # _____ Email Address _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single Student Status: ☐ Full Time ☐ Part Time

Confirmation Preference ☐ Text Message ☐ Email ☐ Other _____

How did you hear about us? _____ Previous Dentist _____

Emergency Contact Name _____ Phone _____

RESPONSIBLE PARTY INFORMATION (IF SOMEONE OTHER THAN THE PATIENT)

First Name _____ Last Name _____ Middle Initial ____

Physical Address _____ City _____ State ____ Zip Code _____

Mailing Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Ext _____ Cell Phone _____

Birth Date _____ Social Security # _____ Email Address _____

PRIMARY DENTAL INSURANCE INFORMATION

Policy Holder's Name _____ Policy Holder's Social Security # _____

Policy Holder's Date of Birth _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Company Name _____ Employer Name and/or Group # _____

SECONDARY DENTAL INSURANCE INFORMATION

Policy Holder's Name _____ Policy Holder's Social Security # _____

Policy Holder's Date of Birth _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Company Name _____ Employer Name and/or Group # _____