Miller and Associates
FAMILY DENTISTRY

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❑ 461 Western Blvd
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Fax: 910-346-2216

❑ 808A N Berkeley Blvd
Goldsboro, NC 27534
Ph: 919-778-7311
Fax: 919-778-7310

❑ 5380 HWY 70 W, Ste. D
Morehead City, NC 28557
Ph: 252-515-7779
Fax: 252-515-1738

PATIENT INFORMATION

Name _____ Birthday _____ SSN _____
Last First Middle Nickname
Sex: M F Driver's License # _____

PHYSICAL ADDRESS _____
Street City State Zip code

MAILING ADDRESS _____
Street City State Zip code

Home Phone _____ Work Phone _____ Cell phone _____
e-mail address _____ Would you liked to be contacted by e-mail? Yes ( ) No ( )
Marital Status _____ Spouse's Name _____
Last First Middle Nickname

*** How did you find out about our office?** _____

RESPONSIBLE PARTY INFORMATION

Name: _____ Birthday _____ SSN _____
Last First Middle Nickname
Driver's License # _____
Home Phone _____ Work Phone _____ Cell phone _____
Employer _____ Occupation _____
Spouse's Home Phone _____ Spouse's Work Phone _____

DENTAL INSURANCE INFORMATION

Policy Holder's Name _____ Birthday _____ SSN _____
Last First Middle
Ins. Company _____ Address: _____
Street City State Zip code
Employer: _____ Address: _____
Street City State Zip code
ID No. _____ Group No. _____ Effective Date of Insurance _____

DO YOU HAVE DUAL COVERAGE?

( ) Yes ( ) No: if Yes, please complete the following:

Policy Holder's Name _____ Birthday _____ SSN _____
Last First Middle
Ins. Company _____ Address _____
Street City State Zip code
Employer: _____ Address _____
Street City State Zip code
ID No. _____ Group No. _____ Effective Date of Insurance _____

EMERGENCY NOTIFICATION INFORMATION

Name _____ Address _____ Phone _____
Relationship with the patient _____

I WILL INFORM YOUR OFFICE OF ANY CHANGES IN MY INSURANCE COVERAGE

_____ _____
Patient's Signature / Responsible Party **Date**