



Thank you for choosing Bruce Family Dental to be your dental home! We are dedicated to providing the highest quality dental care and services to our patients. To ensure the best possible treatment, please fill out these forms as accurately as possible. Thank you!

Patient Information (confidential)

Name _____ Birthdate _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Email _____ Cell Phone _____
Check appropriate box: Minor Single Married Divorced Widowed Separated
If student, name of school/college _____ City _____ State _____
Patient or Parent/Guardian's Employer _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Spouse or Parent/Guardian's Name _____ Employer _____ Work Phone _____
Whom may we thank for referring you? _____
Person to contact in case of emergency? _____ Phone _____

Responsible Party

Name of Person Responsible for this Account _____ Relationship To patient _____
Address _____ Home phone _____
Email _____ Cell phone _____
Driver's License # _____ Birthdate _____
Employer _____ Work phone _____ SS#/SIN _____
Is this person currently a patient in our office? Yes No

For your convenience, we offer the following methods of payment. Please check the option you prefer. Payment due in full at each appointment.

- Cash Personal Check VISA MasterCard AmEx Discover Care Credit

Insurance Information

Name of Insured _____ Relationship To Patient _____
Birthdate _____ SS#/SIN _____ Date Employed _____
Name of Employer _____ Union or Local # _____ Work Phone _____
Address of Employer _____ City _____ State _____ Zip _____
Insurance Company _____ Group _____ Policy ID# _____

Ins. Co. Address _____ City _____ State _____ Zip _____