



14640 N. Tatum Blvd. #5  
 Phoenix, AZ 85032  
 (602) 992-7182  
 Michael L. Ovens, DDS, MSD

### Patient Information

Date \_\_\_\_\_ **A B C**

Patient's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_ (# \_\_\_\_\_ yrs.)

Whom may we thank for referring you to our office? \_\_\_\_\_

If Sibling being seen: Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Responsible Party Information

Father/Husband Name \_\_\_\_\_  
Last First Middle

Residence \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

How long here \_\_\_\_\_ Home Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Previous Address (if less than 3 years) \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ (# \_\_\_\_\_ yrs. there)

\* Divorced or separated? Yes  No

Mother/Wife Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ (# \_\_\_\_\_ yrs. there)

Address & Home phone# (if different than father): \_\_\_\_\_

### Dental Insurance Information

Insured's Name \_\_\_\_\_ Insured's ID # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

Ins. Phone # \_\_\_\_\_ Employer \_\_\_\_\_

Do you have dual coverage? Yes  No  If yes: \_\_\_\_\_

### Emergency Contact

Name of someone not living with you (friend, relative, co-worker) \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_