



300 West R.D. Mize Rd.
Blue Springs, MO 64014
(816) 229-3737

200 S.E. Douglas
Lee's Summit, MO 64063
(816) 524-2492

1806 W. 11th St.
Sedalia, Mo 65301
(660) 826-7551

Entire form must be completed – please print in blue or black ink

PATIENT INFORMATION:

Name: _____ SSN: _____ - _____ - _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____ Age: _____ Sex: M / F

Phone #: Home () _____ Work () _____

Is patient a full time college student? _____ If yes, where do they attend? _____

Place of Employment: _____

Referring Dentist: _____

PARENT / GUARDIAN INFORMATION:

Name: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Phone #: Home () _____ Work () _____

Spouse's Name: _____ SSN: _____ - _____ - _____

Self pay _____ Insurance _____ (please check one)

POLICY HOLDER (primary)

POLICY HOLDER (secondary)

Name: _____

Name: _____

Address: _____

Address: _____

SSN: _____ - _____ - _____ DOB: _____

SSN: _____ - _____ - _____ DOB: _____

Place of Employment: _____

Place of Employment: _____

Insurance Company: _____

Insurance Company: _____

Group #: _____ Dental / Medical / Both

Group #: _____ Dental / Medical / Both