

# Ellis County Family Dentistry

Seth Atkins, DDS & Colby Cottongame, DDS

110 Park Place Ct, Ste 100

Waxahachie, Texas 75165

Phone: 972-937-8433

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name (if a minor): \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer \_\_\_\_\_

Spouse's name and phone #: \_\_\_\_\_ Emergency phone # (other than spouse): \_\_\_\_\_

## Insurance Information

Primary dental insurance: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance company phone #: \_\_\_\_\_

Secondary dental insurance:

Subscriber name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance company phone #: \_\_\_\_\_

Name of your medical doctor: \_\_\_\_\_ Date of your last visit: \_\_\_\_\_

Name of your previous dentist: \_\_\_\_\_ Date of your last visit: \_\_\_\_\_

Referred to us by: \_\_\_\_\_