

Mintie Family Dentistry
511 SW 10th Ave, Suite 804
Portland, OR 97205

(503) 243-2505

*Thank you for trusting us with your dental care.
We promise to do our best to provide you with
the finest care available. If you have any
questions please do not hesitate to call us.*

Date _____

PATIENT INFORMATION

Name _____ Birthdate _____ SS# _____
Address _____ City _____ State _____ Zip _____
Sex M F Married Widowed Single Minor
 Separated Divorced Partnered
Home Phone # () _____ Cell Phone # () _____ Email _____
Employer _____ Employer Phone () _____
Employer Address _____ City _____ State _____ Zip _____
Spouse or Parent'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 _____ Relation to Patient _____
Address _____ Home Phone () _____
Birthdate _____ Currently a patient in our office? Yes No
Employer _____ Work Phone () _____
E-Mail _____ Cell Phone () _____

DENTAL INSURANCE INFORMATION

Name of Insured _____ Relation to Patient _____
Birthdate _____ Social Security # _____ Date Employed _____
Employer _____ Work Phone # () _____
Employer Address _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ ID # _____
Address _____ City _____ State _____ Zip _____
Insurance Customer Service # _____

ADDITIONAL DENTAL INSURANCE

Name of Insured _____ Relation to Patient _____
Birthdate _____ Social Security # _____ Date Employed _____
Employer _____ Work Phone # () _____
Employer Address _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ ID # _____
Address _____ City _____ State _____ Zip _____
Insurance Customer Service # _____