Dr. Marie Durflinger

Bella
dental care

Dr. Rima Abifaker

Welcome to our dental practice! We appreciate the opportunity to take care of you and your family. We are focused on providing you with high quality, gentle care. To assist us in serving you, please complete the following forms. We are happy to answer any questions you may have.

PATIENT INFORMATION

Patient Name: _____ Nickname:_____ Birth Date:_____

Age: _____ Sex: M F Who may we thank for sending you? _____

Address: _____

Billing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ Email: _____ DL#: _____

Employer/Occupation: _____ SS#: _____

Emergency Contact: _____ Phone: _____Relationship: _____

Person Responsible for This Account: _____Relationship: _____

Address: _____ Phone: _____ Birth Date: _____

DL#: _____ SS#: _____ Employer: _____

INSURANCE INFORMATION

(Primary)Subscriber Name: _____ Birth Date: _____ SS#:_____

Address: _____Employer/Occupation: _____

Insurance Company: _____ Address: _____

Phone: _____ Policy#: _____ Group#: _____

(Secondary)Subscriber Name: _____ Birth Date: _____ SS#: _____

Address: _____Employer/Occupation: _____

Insurance Company: _____ Address: _____

Phone: _____ Policy#: _____ Group#: _____