



**Patient Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone Number:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

Marital Status:  Married  Single      Minor:  Yes  No  
Sex:  Male  Female

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
If Full Time Student, School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Person Responsible for Account: \_\_\_\_\_

**Insurance Information**

Primary Insurance

Name of Insured: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Employer: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
SS#: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance

Name of Insured: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Employer: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
SS#: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

Over

**Authorization**

I hereby authorize payment directly to Hanover Dental Care of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize Hanover Dental Care to administer such medications and perform such diagnostic, photographic and therapeutic procedures as may be necessary for proper dental care. The information on this page and medical and dental histories are correct to the best of my knowledge. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payors and/or other health professionals.

Patient/ Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_