



Ben Belfiglio, DDS   Leonard Yuknis, DDS   Debbie Wrigley, DDS

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Person responsible for this account: \_\_\_\_\_ Spouse: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact / Nearest Relative: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**Medical Contacts**

Family Doctor: \_\_\_\_\_

Any Specialists (Cardiologist, etc): \_\_\_\_\_

**Insurance Information**

Primary Insurance Name / Plan: \_\_\_\_\_

Secondary Insurance Name / Plan: \_\_\_\_\_

Employer: \_\_\_\_\_

If you would like us to share account or treatment information with anyone, please list them below:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_