



Ben Belfiglio, DDS

Debbie Wrigley, DDS

### PATIENT INFORMATION

Patient Name (Legal/Insurance Card): \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

Residence Address:	Mailing Address (if different):
_____	_____
_____	_____
_____	_____

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 (spouse, family, etc.), please list them below:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date