



704 NE Evans Street  
McMinnville, OR 97128  
Phone (503) 472-1402  
info@mcminnvilleordentist.com

Name: \_\_\_\_\_ I prefer to be called \_\_\_\_\_ Male  Female

Single  Married  Child  Other Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Contact #: Home / Cellular

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Person Responsible For Account

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Spouse or Parent Information

Spouse / Parent Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Dental Insurance Information

## Primary Insurance

Insurance Co. Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relation: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

## Secondary Insurance

Insurance Co. Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relation: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

## How Did You Find Us?

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

Relation to you: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Book     Internet search engine     Office Website     Friend, family member or co-worker

Advertisement     Word of Mouth     Office Building Sign     Other \_\_\_\_\_

## Previous Dentist Information

Name of Last Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

May we call your last dentist to get your most recent records and x-rays? \_\_\_\_\_

When was your last dental check-up and cleaning? \_\_\_\_\_

We at Evans Street Dental are committed to excellent dentistry and appreciate you taking the time to complete this confidential questionnaire. The better we communicate, the better we can care for you. If you have any questions or need assistance, please ask us and we would be happy to help you any way possible!