



Patient Information

● Lucy M. Meyer, DDS ● Margaret S. Scott, DDS ● Aimee Sims, DMD ●

PATIENT INFORMATION

Name: _____ Preferred Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email: _____ SS#: _____

Home Phone: _____ Cell Phone: _____

In case of emergency, please contact: _____

Phone Number: _____ Relationship: _____

How did you hear about us? _____

RESPONSIBLE PARTY

Person Responsible for this account: _____

Relationship to patient: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email: _____ Home Phone: _____

INSURANCE INFORMATION

(Primary) Name of policy holder: _____ DOB: _____

Employer: _____ Work Phone: _____

Email: _____ SS#: _____

Insurance Company: _____ Phone#: _____

Insurance Company Address: _____ City: _____ State: _____ Zip Code: _____

(Secondary) Name of policy holder: _____ DOB: _____

Employer: _____ Work Phone: _____

Email: _____ SS#: _____

Insurance Company: _____ Phone#: _____

Insurance Company Address: _____ City: _____ State: _____ Zip Code: _____