



DDS
The Art & Science
of Dentistry

11 - 105th Avenue SE
Bellevue, WA 98004
(425)454-7690 fax (425)454-2172
www.jensenbrowndds.com

PATIENT INFORMATION			
DATE	SS#	BIRTHDATE	
NAME			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS			
CITY		STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			
SEX: <input type="checkbox"/> M	<input type="checkbox"/> F	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>
EMPLOYER		BUSINESS PHONE	
BUSINESS ADDRESS		OCCUPATION	
WHO SHOULD WE THANK FOR REFERRING YOU?			
EMERGENCY CONTACT		PHONE	
PRIMARY INSURANCE			
RESPONSIBLE PARTY			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
RELATIONSHIP TO PATIENT	BIRTHDATE	SS#	
ADDRESS		HOME PHONE	
CITY		STATE	ZIP
RESPONSIBLE PARTY EMPLOYER		BUSINESS PHONE	
BUSINESS ADDRESS		OCCUPATION	
INSURANCE COMPANY			
INSURANCE COMPANY ADDRESS			
SUBSCRIBER ID#		GROUP#	
ADDITIONAL INSURANCE			
INSURED NAME			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
RELATIONSHIP TO PATIENT	BIRTHDATE	SS#	
ADDRESS		HOME PHONE	
CITY		STATE	ZIP
INSURED EMPLOYED BY		BUSINESS PHONE	
BUSINESS ADDRESS		OCCUPATION	
INSURANCE COMPANY			
INSURANCE COMPANY ADDRESS			
SUBSCRIBER ID#		GROUP#	