

David S. Amid, D.D.S.

Welcome To Our Office

Your Name: _____ Today's Date: _____
Last First MI

I prefer to be called: _____ Male Female

Birthdate: ____/____/____ Age: ____ SS# _____ Single Married

Home Address: _____
Street Address Apt/Suite City State Zip

E-mail Address _____

Mobile Phone # (____) _____ Who is your current dentist? _____

(ABLE TO RECEIVE TEXT MESSAGES FOR APPOINTMENT INFORMATION AND CONFIRMATION WITHOUT CHARGES? YES / NO)

Home Phone # (____) _____ Work Phone # (____) _____

Employer / School _____ Occupation: _____

Insurance Information: Do you have dental insurance? Yes No

Insured's Name: _____ Relation: _____

Insured's Birthdate: _____ Insured's SS# _____ Insurance ID# _____

Insured's Employer: _____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: __ (____) _____

Group # (Plan, Local or Policy #): _____

Secondary Dental Insurance: Do you have secondary dental insurance coverage? Yes No

Insured's Name: _____ Relation: _____

Insurd's Birthdate: _____ Insured's SS# _____ Insurance ID# _____

Insured's Employer: _____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: __ (____) _____

Group # (Plan, Local or Policy #): _____