Dentistry by Design MWC
info@dbdmwc.com
7215 E. Reno
Midwest City, Oklahoma 73110

# Patient Information

Last Name: ______________________ First Name: ______________________ M.I: ____

Address: ______________________ City: __________ ST: ____ Zip: __________

Home Phone: (____) ______-______ Cell Phone: (____) ______-______ Work Phone: (____) ______-______

Birth Date: ___/___/_____ Sex: ______ Marital Status: ______________ SSN: _____-_____-_____

Employer: ______________________ Occupation: ______________________

Emergency Contact (Not in your household): ______________ Phone Number: (____) ______-______

Email: ______________________

## Responsible for Payment

☐ Check box if information is the same as above

Last Name: ______________________ First Name: ______________________ M.I: ____

Address: ______________________ City: __________ ST: ____ Zip: __________

Home Phone: (____) ______-______ Cell Phone: (____) ______-______ Work Phone: (____) ______ ______

Birth Date: ___/___/_____ Sex: ______ Marital Status: ______________ SSN: _____-_____-_____

Employer: ______________________ Occupation: ______________________

## Insurance

Insurance Company and Address: ______________________________________________

ID: ______________________ Group Number: ______________________

Policy Holder: ______________________ Birth Date: ___/___/_____ SSN: _____-_____-_____

Secondary Insurance Company and Address: ______________________________________

ID: ______________________ Group Number: ______________________

Policy Holder: ______________________ Birth Date: ___/___/_____ SSN: _____-_____-_____

## Authorization:

I authorize payment directly to Dentistry By Design for dental benefits when necessary. I also understand I am responsible for office charges at the time they are incurred unless I am covered by an insurance company in which the dentist participates. I am responsible for any portion of my bill not covered by my insurance company.

Signature (Parent/Guardian): ______________________________ Date: ___/___/_____

Referred By: ______________________________

Print completed form and bring to office with you or Save completed form and email to info@dbdmwc.com