

# Cottonwood Orthodontics, PC

## Patient Information

Date: \_\_\_\_\_  
Patients Name: (First, Last) \_\_\_\_\_  
Address : (Street,, City, Zip) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
If patient is a minor, give parent's or guardian's name: \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_

## Responsible Party Information

Relationship to Patient

Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Residence: \_\_\_\_\_  
How long at this address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Previous Address (if less than 3 yrs.): \_\_\_\_\_ How long at this address: \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ No. Years Employed: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Previous Employer (if less than 3 yrs.) \_\_\_\_\_ No. Years Employed: \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ No. Years Employed: \_\_\_\_\_

## Insurance Information

Insured's Name: \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Group No. \_\_\_\_\_ Local No. \_\_\_\_\_  
Do you have dual Coverage? Yes  No  If yes:  
Insured's Name: \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Group No. \_\_\_\_\_ Local No. \_\_\_\_\_

## Emergency Information

Name of nearest emergency contact: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

**I understand that where appropriate, credit bureau reports may be obtained.**

Signature (Parent's signature if Minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_

CONFIDENTIAL (for record and pretreatment evaluation)  
Cottonwood Orthodontics