



Philip N. Hodge, DDS, PS

19221 108th Avenue SE, Ste. 4 • Renton, WA 98055 • (253) 852-4746 tel • (253) 852-4754 fax

Welcome to our office. We appreciate the confidence you place with us to provide dental service. To assist us in serving you, please complete the following form. The information provided on this form is important to your dental health. If there have been any changes in your health, please tell us. If you have any question, don't hesitate to ask.

PATIENT'S NAME \_\_\_\_\_

Date \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex  F  M

Married  Single  Other \_\_\_\_\_

Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext # \_\_\_\_\_

Soc. Security No. \_\_\_\_\_

Patient Occupation \_\_\_\_\_ Employer \_\_\_\_\_

How can we best reach you?  Cell  Pager  Work  Home

Email \_\_\_\_\_ Time of Day \_\_\_\_\_  AM  PM

Previous Dentist's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

PRIMARY DENTAL INSURANCE

SECONDARY DENTAL INSURANCE

Employee \_\_\_\_\_

Employee \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Insurance ID No. \_\_\_\_\_

Insurance ID No. \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

IN CASE OF EMERGENCY, WHOM MAY WE CONTACT?

Name \_\_\_\_\_ Hm Phone No. \_\_\_\_\_ Wk Phone No. \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_