

# Ronald D. Rasi DDS

*Beautiful Smiles*

## WELCOME

*The benefits of a healthy, beautiful smile are immeasurable and our goal is to allow you to obtain the healthy teeth and attractive smile you want and deserve. Please complete this form so that we can provide the best care possible for you.*

### ***About You***

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Why did you select our office? \_\_\_\_\_

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

Marital Status  Single  Married  Divorced  Widowed

Spouse Name: \_\_\_\_\_

Special Interest: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

When is the best time to call you? \_\_\_\_\_ Where: \_\_\_\_\_

In case of an emergency, is there someone we can call? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ***Responsible Party Information***

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***Insurance Information***

#### Primary:

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Insured Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Number: \_\_\_\_\_

#### Secondary:

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Number: \_\_\_\_\_