



ERICKSEN DENTAL

1010 E. University Dr., Mesa, AZ 85203

480-644-7777

www.ericksendental.com

Welcome!

We are pleased to welcome you to our practice. Please take a few minutes to fill out our forms as completely as possible. If you have any questions, we are happy to help. We look forward to working with you in maintaining your dental health.

PATIENT INFORMATION

Patient Name: _____ D.O.B: _____

last, first

Status: Single/Child/Married/Other Sex: F/M

Social Sec.#: _____ - _____ - _____ ID/Driver's License: _____

Address _____ City,State _____ Zip _____

Home Phone: _____ Cell: _____

E-mail: _____

Employer: _____ Work Phone: _____

** Emergency Contact: _____ Phone: _____

PRIMARY INSURANCE

Subscriber Name: _____ D.O.B: _____ Sex: F/M

last, first

Relationship Status: _____ Social Sec.#: _____ - _____ - _____

Address (If different from patient) _____

City,State _____ Zip _____

Home Phone: _____ Cell: _____

E-mail: _____

Employer: _____ Work Phone: _____

Insurance Company: _____ Phone: _____

ID#: _____ GRP#: _____

How did you hear of us? _____

Reason for leaving your last dentist _____