

R. BERYL HUNTER, DMD, MD, PC

9870 Mangano Lane, Suite 200

Parker, CO 80134

Phone: (303) 840-7400 Fax: (303) 840-7478

PATIENT INFORMATION SHEET

Today's Date: _____

Patient Legal First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ DOB: _____ Age: _____ Weight: _____ Height: _____

Sex Assigned at Birth: Male: _____ Female: _____ Current Gender Identity: Male: _____ Female: _____ Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____ Email: _____

Other family members who have been patients: _____

Reason for being referred to our office: _____

Dentist: _____ Orthodontist: _____ Physician: _____

Who were you referred to our office by? _____

PARENT OR GUARDIAN ACCOMPANYING THE PATIENT TODAY

Name: _____ Relation to Patient: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____ Email: _____

DENTAL INSURANCE POLICY HOLDER INFORMATION

Name of Policy Holder (First): _____ (Last): _____

Date of Birth: _____ Relation to Patient: _____

Phone: _____ Email: _____

Address: _____

Insurance Provider: _____ Employer: _____

Subscriber ID: _____ Social Sec. Number: _____

Group Name: _____ Group #: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Phone Number: _____

Pharmacy Full Address: _____

SIGNATURE OF RESPONSIBLE PARTY: _____