



Robert E. Tanner, DDS

Welcome to our office

**Name:** \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_  
 Last First MI  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
 If a child, parent's name: \_\_\_\_\_  
 Contact in case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Previous dentist and phone#: \_\_\_\_\_  
 Whom may we thank for referring your family? \_\_\_\_\_

**Person responsible for account:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_

**Primary Insurance Coverage (Dental):**

Subscriber Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_  
 Insurance Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Group ID#: \_\_\_\_\_ Subscriber ID# \_\_\_\_\_

**Secondary Insurance Coverage (Dental):**

Subscriber Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_  
 Insurance Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Group ID#: \_\_\_\_\_ Subscriber ID# \_\_\_\_\_

I hereby authorize payment directly to the dentist of the insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. If the patient does not have dental insurance, the payment is due at the time of service. The guardian who brings in a child, or who the child lives with, is ultimately responsible for all unpaid balances. I hereby authorize the dentist to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. Please note, as a courtesy to our staff and other patients please allow at least 24 hours to cancel or reschedule an appointment.

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