



3810 Valley Centre Drive Suite 902A
 San Diego, CA 92130
 (858) 755-8882

THIS APPOINTMENT IS FOR

Name: _____
 Last First Middle
 Nickname: _____ Male Female
 Birthdate: ____/____/____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (_____) _____
 Cell Phone: (_____) _____
 Hobbies/Sports/Musical Instruments: _____

 Did You visit our web site @ www.greenspanortho.com?
 Yes No

INFORMATION IF A MINOR

MOTHER'S NAME: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (_____) _____
 Cell Phone: (_____) _____
 Birthdate: ____/____/____ SS # _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: (_____) _____

FATHER'S NAME: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (_____) _____
 Cell Phone: (_____) _____
 Birthdate: ____/____/____ SS # _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: (_____) _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____ Relation: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (_____) _____
 Daytime Phone: (_____) _____
 Birthdate: ____/____/____ SS # _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence, and it is my responsibility to inform this office of any changes in medical status.

This office observes the right to verify the credit status of potential patients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services.

 Signature of Responsible Party

 Date

PRIMARY DENTAL INSURANCE

Orthodontic Coverage: Yes No
 Insurance Company: _____
 Insurance Co. Phone: _____
 Insurance Co. Address: _____
 Group # (Plan, Local, or Policy): _____
 Primary Insured's Name: _____
 Relationship to Patient: _____
 Birthdate: ____/____/____ SS # _____
 Policy Owner's Employer: _____
 Other Coverage: Yes No

