



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

