

Laden & Batra Dentistry

New Patient Information

First Name: _____

Email: _____

Last Name: _____

Whom may we thank for referring you?

Middle Init: _____

Preferred Name: _____

Name/Date of last dental appointment:

Salutation: _____

Person Is: Patient

Primary Insurance

Policy holder

Policy holder: _____

Responsible party

Relationship: _____

Employer: _____

Address: _____

Insurance Company: _____

City: _____

SS/ID#: _____ Group#: _____

State: _____ Zip: _____

Policy Holder Date of Birth: _____

Home Phone: _____

Secondary Insurance

Work Phone: _____

Policy holder: _____

Mobile Phone: _____

Relationship: _____

Sex: Male Female

Employer: _____

Marital Status: _____

Employer: _____

Date of Birth: _____

Insurance Company: _____

Social Security Number: _____

SS/ID#: _____ Group #: _____

Policy Holder Date of Birth: _____

For your convenience, we accept the following methods of payment:

- *Cash, Check, Credit Card and Care Credit*

Payment is required in full at time of service.