

Crofts Family Dental

128 S Adams Jerome ID, 83338 (208) 324-3596

Patient Information (CONFIDENTIAL):

Name:	Birthdate:	SS#:	
Address:	City:	State:	Zip:
Email:	Home Phone#:	Work Phone#:	
Check Appropriate Box: <input type="checkbox"/> Minor <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Spouse or Parent/ Guardian's Name:		Phone #:	
Emergency Contact:	Phone #	Relation:	
How did you hear about our office?			

Responsible Party:

Name of Person Responsible for this Account:	Relation to Patient:		
Address:	City:	State:	Zip:
Email:	Phone #:		

Is this person a current patient in this office? Yes No

Insurance Information:

Name of Insured:	Birthdate:	Relationship to Patient:	
Name of Employer:	Insurance Company:	Subscriber ID#:	
Insurance Co. Address:	City:	State:	Zip:
Do You Have Any Additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes Complete the Following			
Name of Insured:	Birthdate:	Relationship to Patient:	
Name of Employer:	Insurance Company:	Subscriber ID#:	
Insurance Co. Address:	City:	State:	Zip:
