

Essex Dental Professionals
22 Old Short Hills Road Suite 107
Livingston, NJ 07039
973-535-9050 *** 973-994-9696
Fax:973-994-0165

Thank you for selecting our dental healthcare team! We strive to provide you the best possible care. To help us meet your needs, please fill out this form completely. If you have any questions or needs, please ask us and we will be happy to help.

PATIENT INFORMATION (CONFIDENTIAL)

Name _____ Birthdate _____ Soc.Sec.# _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Employer _____ Home Phone _____ Bus.Phone _____

Bus.Address _____ City _____ State _____ Zip _____

Minor ___ Single ___ Married ___ Widowed ___ Divorced ___ Seperated ___

Spouse/Parent Name _____ Employer _____ Phone _____

If student:School/College _____ City _____ State _____

In case of emergency,contact: _____ Phone _____

Whom may we thank for referring you? _____

RESPONSIBLE PARTY

Person responsible for this account _____ Phone _____

Address _____ Relationship _____

Employer _____ Work Phone _____

INSURANCE INFORMATION (MAY WE COPY YOUR INSURANCE CARD?)

Name of insured _____ Relationship _____

Birthdate _____ Soc. Sec.# _____ Date Employed _____

Name of employer _____ Bus.phone _____

Address of employer _____ City _____ State _____ Zip _____

Insurance Company _____ Group# _____

Address _____ City _____ State _____ Zip _____

DO YOU HAVE ADDITIONAL INSURANCE? YES ___ NO ___

Signature _____ Date _____