



RIOS DENTISTRY

Welcome to Rios Dentistry. We are honored that you have chosen us to care for you and your family. Please take some time to provide us with the necessary information below.

Patient Information

Email Address: _____ Date: _____

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ How did you hear about us? _____

Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Birth Date: _____ Social Security Number: _____

Employer: _____ Occupation: _____

Preferred Method of Contact: (Please check one) _____

Cell Phone E-mail Text Home Phone Work Phone

Spouse's Name: _____ Spouse's Birth Date: _____

Social Security Number: _____ Spouse's Employer: _____

Responsible Party/Guarantor Information

Responsible Party Name: _____

Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Birth Date: _____ Social Security Number: _____

Employer: _____ Occupation: _____ Relationship to Patient: _____

Insurance Information

Policy Holder's Name: _____ Policy Holder's Birthdate: _____

Subscriber ID: _____ Insurance Company: _____

Group Number: _____ Insurance Company Phone: _____

Insurance Company Address, City, State, Zip: _____