JOHANSEN DENTAL
Dentistry & Orthodontics
3800 West Ray Road, Suite 11
Chandler, Arizona 85226
(480) 345-0530

Welcome!

Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you.

ABOUT YOUR CHILD . . . **[Please Print]**

Name_____ Birth Date_____/_____/_____
First Last
Preferred Name_____ Phone_____
Lives at Street Address_____
Street City State Zip

PARENT INFORMATION . . .

Mother's Name_____Birth Date _____/_____/_____
Address_____Home Phone_____
Mailing Address_____Cell Phone_____
Employer_____Work Phone_____
Social Security Number_____Driver's License #_____

Father's Name_____Birth Date _____/_____/_____
Address_____Home Phone_____
Mailing Address_____Cell Phone_____
Employer_____Work Phone_____
Social Security Number_____Driver's License #_____

TO CONFIRM APPTS, YOU MAY CONTACT ☆Mother ☆ Father ☆ Either

Whom may we thank for referring you?_____

DENTAL INSURANCE . . .

PRIMARY CARRIER
Subscriber's Name_____Birth Date____/____/____Relation_____
Subscriber's Employer_____SS# / ID#_____
Ins. Company Name_____Group Number_____
Ins. Company Address_____Phone_____

SECONDARY CARRIER
Subscriber's Name_____Birth Date____/____/____Relation_____
Subscriber's Employer_____SS# / ID#_____
Ins. Company Name_____Group Number_____
Ins. Company Address_____Phone_____

In case of emergency, please contact the following relative or friend:

Name_____Address_____

Phone_____ Relation:_____