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 YOU . . . **[Please Print]** ***Today's Date:*___________________________**

Name____ Preferred Name________________________
First Middle Last

Street Address____
Street Apt# City State Zip

Home Phone________________Cell Phone___________________E-Mail__________________________

Birth Date___/____/____ M F Social Security #_____________________Driver's License #__________

TO CONFIRM APPOINTMENTS, PLEASE CONTACT ME AT ANY OF THE METHODS CIRCLED BELOW . . . .

HOME WORK CELL E-MAIL TEXT

How did you hear about us?____

If applicable, name of person who referred 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____

Day Time Phone_________________ Relation:_______________ Friend