

# Dr. Edward T. Dougherty Jr.

Date: \_\_\_\_\_

D.O.B: \_\_\_\_\_

SS #: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Sex: F \_\_\_ M \_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

Has any member of your immediate family been in this office before: \_\_\_\_\_

Name of that person: \_\_\_\_\_

Referred by another doctor or patient: \_\_\_\_\_

Did you hear our radio ad? \_\_\_\_\_

Have you visited our website: \_\_\_\_\_

## PERSON RESPONSIBLE FOR ACCOUNT (IF OTHER THAN ABOVE)

Name: \_\_\_\_\_ Relationship : \_\_\_\_\_ SS# : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_

## EMERGENCY NOTIFICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that my dental insurance is a contract between the insurance carrier and me, and not between the insurance carrier and doctor and that I am responsible for all dental fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date