

Welcome to Keith W. Strausbaugh DMD,PA, Family & Cosmetic Dentistry. We sincerely appreciate you choosing our office for your dental and oral health care needs. Please be assured that we will work hard to continually earn the trust that you have placed in us. In order for us to serve you better, please take several minutes to complete this information form.

Please tell us about yourself

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e-Mail Address: _____

Who may we thank for referring you to us for care? _____

Today's Date: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Sex: M F

Social Security #: _____

Do you have Dental Insurance? Yes No

If the Patient is a minor, please tell us about you, the parent or guardian:

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Relationship to Patient: _____

Your Home Phone #: _____

Your Social Security #: _____

Employer Information

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Your position: _____

How long with company: _____

Spouse Information

Spouse's name: _____

Address: _____

Spouse's Employer: _____

City: _____ State: _____ Zip: _____

Spouse's Soc.Sec. #: _____

Spouse's Date of Birth: _____

Business Phone: _____

How long with company: _____

Insurance Information

Name of Insurance Co: _____

Name of Insured Person: _____

Social Security # of Insured: _____

Plan Name or Number: _____

Group No./ Effective Date: _____

Insured Date of Birth: _____