## Patient Information

### Please Print

Account Number: ______________

Circle One: Dr/Mr/Mrs/Ms/Miss

First: ______________ Middle: ______________ Last: ______________ Jr/Sr: ______________

Street: ______________ City: ______________ State: ______________ Zip: ______________

Home Phone: ______________ Work Phone: ______________

Cell Phone: ______________

Email Address: ______________ May we contact you by Email? (circle) **Yes No**

Patient Social Security Number: ______________ Patient Date of Birth: ______________ Sex:(circle) **M F**

Emergency Contact: ______________ Phone: ______________

How did you hear about Avion?

☐ Newspaper ☐ Radio ☐ TV ☐ Internet ☐ Referral ☐ Other: ______________

### Insurance Information

Do you have Dental Insurance? (circle) **Yes No**

Do you have Secondary Dental Insurance? (circle) **Yes No**

| Primary Insured | | Secondary Insured | |
|---|---|---|---|
| Subscriber Name | | Subscriber Name | |
| Subscriber SSN | | Subscriber SSN | |
| Date of Birth | | Date of Birth | |
| Relationship to Subscriber | ☐Self ☐Spouse ☐Child ☐Other | Relationship to Subscriber | ☐Self ☐Spouse ☐Child ☐Other |
| Employer Name | | Employer Name | |
| Employer Phone | | Employer Phone | |
| Insurance Company | | Insurance Company | |
| Insurance Group # | | Insurance Group # | |
| Insurance Phone # | | Insurance Phone # | |
| *Please present card to receptionist to be photocopied* | | | |

### Payment Options

At Avion Dental, we understand that affordability is an important consideration in getting the denture and dental treatment you need and deserve. We offer a variety of payment options so that your treatment is within reach. If you think you may be interested in one of our payment programs–and to save you time later on–just complete the section below. We'll do the rest.

| General Information | | |
|---|---|---|
| Drivers License Number: | State: | Exp. Date: |
| Residence Status: ☐ Own | ☐ Rent | ☐ Live with others |
| **Income** | | |
| Source of Income: | ☐ Employed | ☐ Self-Employed |
| ☐ Unemployed | ☐ None | ☐ Social Security |
| ☐ Disability | ☐ Investment | ☐ Other: |
| ☐ Monthly | ☐ Hourly | ☐ Yearly |
| Gross $Amount: | Net $Amount: | |

| Employer Information | |
|---|---|
| Employer Name | |
| Employer Phone | |
| Personal Reference | |
| Personal Reference Phone # | |
| Nearest Relative Phone # | |