CHRISTOPHER L. COLEMAN, D.D.S., M.S.
PEGGY MARTIN, D.M.D., M.S. &
J. BRIAN DUNCAN, D.D.S., M.S.
ENDODONTICS

ENDODONTIC ASSOCIATES OF CLEAR LAKE INC.

CONFIDENTIAL PATIENT INFORMATION

PLEASE PRINT OR WRITE LEGIBLY

Patient Name: _____

Patient's Social Security Number: _____

If Patient Is A Minor, Parent's Name: _____

Patient`s Birthdate: _____ TDL# _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home):_____ (Office):_____

(Cell):_____

Who referred you to our office? _____

DENTAL INSURANCE INFORMATION

Employee Name (Insured): _____

Relationship to Patient: _____

Soc. Sec. No. of Employee: _____ Birthdate of Employee:_____

Employer: _____ Policy/Group No. _____

Primary Carrier Name _____ Phone No. _____

IF DOUBLE COVERAGE APPLIES:

Employee Name:_____

Soc. Sec. No. of Employee: _____ Birth Date of Employee: _____

Employer: _____ Policy/Group No. _____

Secondary Carrier Name _____ Phone No. _____