

Summit Dental
422 Oak
Sulphur Springs, TX 75482
903-885-8906



Patient Information

Date: _____

First Name _____ MI _____ Last Name _____

Address _____ ZIP _____

Home Phone _____ Work Phone _____ Ext _____

Email _____ Cellular _____

Birth Date _____ Soc. Sec _____ Drivers Lic _____

Check One: Minor Single Married Divorced Widowed Separated

Patient / Parent/Guardian's Employer: _____ Work Phone _____

Spouse/ Parent/Guardian's Name _____ Employer _____

Work Phone _____

Whom may we thank for referring you? _____

Person to contact in case of emergency _____ Phone _____

RESPONSIBLE PARTY

Name of Person Responsible for this Account _____

Relationship to patient _____ Home Phone _____

Cell Phone _____ Email _____

Drivers Lic _____ Birthdate _____ Soc Sec _____

Employer _____ Work Phone _____

Is this person currently a patient in our office? Yes No

For your convenience we offer the following methods of payment.

Cash Personal Check Visa MasterCard Discover Care Credit

Payment is due in full at each appointment.

INSURANCE INFORMATION—PLEASE PRESENT YOUR CARD

Insurance Company _____

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Soc Sec _____

Name of Employer _____ Work Phone _____

Employer Address _____ Zip _____