

DANIEL N. MINCHIK, D.D.S.

148 EAST AVENUE – SUITE 2B
NORWALK, CT 06851

PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

IF THIS APPOINTMENT IS FOR YOU, START HERE			
DATE			
NAME			
SPOUSE			
ADDRESS			
CITY		STATE	ZIP
HOME PHONE #		OTHER	
CELL PHONE #			
BIRTHDATE	AGE	MALE	FEMALE
E-MAIL ADDRESS		SINGLE	MARRIED
SOCIAL SECURITY #			
DRIVER'S LICENSE #			

IF THIS APPOINTMENT IS FOR YOUR CHILD START HERE			
NAME			
ADDRESS			
CITY		STATE	ZIP
HOME PHONE #			
BIRTHDATE	AGE	MALE	FEMALE
SOCIAL SECURITY #			

IF YOUR CHILD'S LAST NAME AND/OR ADDRESS ARE NOT THE SAME AS YOURS, FILL IN THE TOP BOX ALSO

GETTING TO KNOW YOU	
IS ANOTHER MEMBER OF YOUR FAMILY OR RELATIVE A PATIENT AT OUR OFFICE?	
YES	NO
REFERRED TO US BY	
PERSON TO CONTACT FOR EMERGENCY	
PHONE #	
ADDRESS	
CITY	STATE ZIP

DENTAL INSURANCE	
PRIMARY CARRIER	
INSURANCE COMPANY	
GROUP #	
EMPLOYEE	
DATE OF BIRTH	
EMPLOYEE SOCIAL SECURITY #	
EMPLOYER	
EMPLOYER ADDRESS	
EMPLOYER PHONE #	

SECONDARY CARRIER	
INSURANCE COMPANY	
GROUP #	
EMPLOYEE	
DATE OF BIRTH	
EMPLOYEE SOCIAL SECURITY #	
EMPLOYER	
EMPLOYER ADDRESS	
EMPLOYER PHONE #	

ACCOUNT INFORMATION	
PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT	
NAME	
RELATIONSHIP TO PATIENT	
ADDRESS	
CITY	STATE ZIP
PHONE #	
YOU	
OCCUPATION	
EMPLOYER	
BUSINESS ADDRESS	CITY
BUSINESS PHONE #	EXT.