NORTHPORT
PERIODONTICS
& IMPLANT DENTISTRY

920 Rose Drive
Northport, AL 35476

(205) 737-4667
info@northportperio.com

Personal Information

First Name * _____

Middle Initial _____

Last Name * _____

Preferred Name * _____

Date of Birth * _____

Gender *

○ M ○ F ○ Other

Social Security Number (used for insurance purposes)

_____

How did you hear about our office? *

☐ Referred by Dentist
☐ Facebook
☐ Current Patient
☐ Instagram
☐ Google Search
☐ Insurance Company

Address

Street Address Line 1 * _____

City * _____

State * _____

ZIP Code * _____

Street Address Line 2

_____

Contact Preferences

Mobile Phone Number * _____

Email Address * _____

Home Phone Number

_____

Emergency Contact

Emergency Contact's Name *

_____

Phone Number * _____

Relationship to Patient * _____

Additional People on This Account

Person Responsible for Account (if different from patient)

_____

Phone Number of Responsible Party (if different from patient)

_____

Relationship to Patient

_____

Dental Insurance

Policy Holder's First Name

_____

Policy Holder's Last Name

_____

Policy Holder's Date of Birth

_____

Policy Holder's Social Security Number

_____

Policy Holder's Employer

_____

Name of Insurance Company

_____

Insurance Company's Phone Number

_____

Policy Number/Member Number/Subscriber ID

_____

Group Number

_____

Do you have a secondary dental insurance policy?
(If yes, please provide secondary dental insurance information to an office team member.)

- ○ Yes
- ○ No

_____ _____

Patient Signature **Date**