



**Ivry Dental - Alpharetta**  
Comprehensive and Cosmetic Care  
6195 Windward Pkwy Suite 108  
Alpharetta, GA 30005

## Patient Information Form

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### 1. Patient Information

Full Legal Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Social Security Number (Optional): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Preferred:  Mobile  Home

Email Address: \_\_\_\_\_

Preferred Method of Communication:

Text  Call  Email

### 2. Emergency Contact

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dr. Daniela Alvarez, DMD - Ivry Dental  
(770)744-3839

### 3. Insurance Information (Please provide insurance card)

Do you have dental insurance?  Yes  No

If yes:

Primary Insurance Company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Relationship to Patient:  Self  Spouse  Parent  Other: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy Holder Employer: \_\_\_\_\_

### 4. Referral Information

How did you hear about Ivry Dental?

- Google
- Social Media
- Friend/Family
- Specialist Referral
- Other: \_\_\_\_\_

If referred by someone, who may we thank? \_\_\_\_\_

### 5. Employment Information (optional)

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Phone (Optional): \_\_\_\_\_

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## 6. Acknowledgment

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand it is my responsibility to notify Ivry Dental of any changes to my contact or insurance information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_