

Dr. Edward T. Dougherty Jr.

Date: _____

D.O.B: _____

SS #: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ (E-mail) _____

Sex: F ___ M ___ Marital Status: _____ Spouse Name: _____

Occupation: _____ Company: _____

HOW DID YOU HEAR ABOUT US?

Has any member of your immediate family been in this office before: _____

Name of that person: _____

Referred by another doctor or patient: _____

Did you hear our radio ad? _____

Have you visited our website: _____

PERSON RESPONSIBLE FOR ACCOUNT (IF OTHER THAN ABOVE)

Name: _____ Relationship : _____ SS# : _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (H): _____ (W): _____

EMERGENCY NOTIFICATION

Name: _____ Phone: _____

Address: _____

I understand that my dental insurance is a contract between the insurance carrier and me, and not between the insurance carrier and doctor and that I am responsible for all dental fees.

Signature

Date