BIRMINGHAM
ORTHODONTICS

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PATIENT INFORMATION

(Patients less than 21-years of age MUST have a Responsible Party)

Patient full name: ______________________ Nickname: ______________

Date of Birth	Age	Sex	Social Security #	Marital Status	Driver's License #/State
/ /				S M D W	

Best Phone #	Home Phone #	Cell Phone #	Work Phone #
( ) ______ - ________	( ) ______ - ________	( ) ______ - ________	( ) ______ - ________

Address: ______________________ City: ______________ State: ______ Zip: ______

Email address for notifications: ______________________ | School: ______________

EMERGENCY CONTACT

Full Name: ______________________ Best Phone #: ( ) ______ - ________

Relationship to Patient: ______________________

Name of Patient's Dentist: ______________________

Did your dentist refer you to Birmingham Orthodontics for consultation? ○ Yes ○ No

Please list any other family members currently in treatment with us:

Name: ______________________ Relationship: ______________________

Name: ______________________ Relationship: ______________________

How did you hear about our office? Patient Referral: ______________________

Other Source: ○ TV ○ Radio ○ Internet ○ Insurance ○ Yellow Pages ○ Coupon ○ School Program ○ Print Ad ○ Other: ______________

IS PATIENT COVERED BY ORTHODONTIC INSURANCE? ○ Yes ○ No * IF YES, PLEASE COMPLETE ATTACHED INSURANCE FORM *****

RESPONSIBLE PARTY INFORMATION

Responsible Party Full Name: ______________________ This is the person financially responsible for payments on this account.

Responsible Party Employer/City/State	Occupation	Time at Job (Years/Months)
		______ / ______

Relationship to Patient: ○ Self ○Parent ○ Grandparent ○ Aunt/Uncle ○ Legal Guardian ○ Other Relationship: ______________

Do you have legal custody of this patient? ○ Yes ○ No

If patient is responsible party, you do not need to fill out information twice. Please disregard next four lines.

Date of Birth	Age	Sex	Social Security #	Marital Status	Driver's License #/State
/ /				S M D W	

Best Phone #	Home Phone #	Cell Phone #	Work Phone #
( ) ______ - ________	( ) ______ - ________	( ) ______ - ________	( ) ______ - ________

Address: ______________________ City: ______________ State: ______ Zip: ______

Email address for notifications: ______________________

FINANCIAL RESPONSIBILITY

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default.

______________________________ ______________

RESPONSIBLE PARTY SIGNATURE **DATE**