Steven L. VanDenburgh, DDS

Date:_____

Name Of Patient:_____

Address:_____

City:_____State:_____Zip:_____

Home phone:_____Cell:_____

Birthdate:_____Male or Female

Person Financially Responsible

Name:_____

Relationship to Patient_____

DL#_____

SS#_____

Address:_____

City:_____State:_____Zip:_____

Father

Name:_____

Home phone:_____

Cell:_____

Business:_____

Address if different than patient:_____

City:_____State:_____Zip:_____

Mother

Name:_____

Home Phone:_____

Cell:_____

Business:_____

Address if Different:_____

City:_____State:_____Zip:_____

Registration For Minor

Dental Insurance Information

Name of ***Primary*** Carrier:_____

Employer:_____

Insurance Company:_____

Date of birth:_____

SS#:_____

Group #:_____

Union or local #:_____

Name of ***Secondary*** Carrier:_____

Employer:_____

Insurance Company:_____

Date of birth:_____

SS#:_____

Group #:_____

Union or local#:_____

- **I have received a copy of this office's Notice of Privacy Practices.**
- **I have received a Dental Materials fact sheet**

Print name:_____

Signature:_____

Date:_____

Preference for confirming appointments:

Text Email phone

Continue on Other Side for

HEATH HISTORY→→→