

Kurt Anderson, D.D.S., M.S.

Specialist in Orthodontics

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www.texarkanabraces.com

Patient # _____

Patient Information

Date _____ Age _____ Sex M / F

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Social Security # _____

If patient is a minor, give parent's or guardian's name that patient lives with _____

Have we treated other family members? Please List. _____

What is your chief concern? _____

Whom may we thank for referring you to our office? _____

Dentist Name _____ Physician Name _____

School Name _____ Grade _____

Custodial Parent or Guardian Information

Name _____
Last First Middle Marital Status

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

How long at this address _____ Home Phone _____ Work Phone _____

Cell phone _____ Email _____ Does patient live at this address? Yes No

Previous address (if less than 3 yrs.) _____

Social Security # _____
Street Birthdate City State Zip

Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____
Last First Middle Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthdate _____ Work Phone _____ Cell Phone _____

Insurance Information

Insured's Name _____ Date of Birth _____ Social Security # _____

Insured's Address if different from above _____ Insured's Phone _____

Insurance Co. _____ Group No. _____ Employer _____

Ins. Co. Address _____ Ins. Co. Phone _____

Do you have dual coverage? Yes No

Insured's Name _____ Date of Birth _____ Social Security # _____

Insurance Co. _____ Group No. _____ Employer _____

Ins. Co. Address _____ Ins. Co. Phone _____

I hereby authorize payment directly to Kurt Anderson, D.D.S., M.S. of the group insurance benefits otherwise payable to me.

Signature _____ Date _____

Emergency Information

Name of nearest relative not living with you _____

Complete address _____

Phone _____ Alternate Phone _____

Continued on other side

