



# CAMANO ISLAND DENTAL CENTER

810 REKDAL ROAD  
CAMANO ISLAND, WA 98282  
(360)629-4097  
www.camanodental.com

TODAY'S DATE: \_\_\_\_\_

## PATIENT INFORMATION

PATIENT'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

PREFERRED NAME: \_\_\_\_\_

PREFERRED PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  WIDOWED  DIVORCED  GENDER: MALE  FEMALE

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

IF PATIENT IS A CHILD, THE PARENT'S NAME: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

## PRIMARY INSURANCE

POLICY HOLDER'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

RELATION TO PATIENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

POLICY HOLDER'S EMPLOYER: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

## SECONDARY INSURANCE

POLICY HOLDER'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

RELATION TO PATIENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

POLICY HOLDER'S EMPLOYER: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_