Brian J. Dillon DDS, PLLC
esthetic • preventative • restorative
family dentistry

Welcome to our Practice

In order to better serve you, please take a few minutes and complete the following confidential information. Thank you!

Clear Form

CONTACT INFORMATION

Date: _____

Name: _____

Preferred Name/Nickname: _____

Spouse / Partner's Name: _____

Children's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Email: _____

I prefer to be contacted by: _____

Birth date: _____ Age: _____

☐ Married ☐ Single ☐ Divorced ☐ Domestic Partner

Emergency Contact: _____

Emergency Phone: _____

DENTAL BENEFIT INFORMATION

Insurance Company: _____

Group #: _____

Policy #: _____

Claim Address: _____

City: _____ State: _____ Zip: _____

SPOUSE/PARTNER INFORMATION

(if you have double coverage)

Occupation: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Ext: _____

Insurance Company: _____

Group #: _____

Policy #: _____

Claim Address: _____

City: _____ State: _____ Zip: _____

ACCOUNT INFORMATION

Person Responsible for account: _____

SS # (required for insurance billing): _____

EMPLOYMENT

Occupation: _____

Employer: _____

Business Address: _____

City: _____

State: _____ Zip: _____

Work phone: _____ Ext: _____

HOW DID YOU HEAR ABOUT US?

☐ Referred by a friend or family member

Who? _____

☐ Promotion
☐ Letter/Mailer
☐ Internet
☐ Print Ad
☐ Other _____