Zugner and Pedersen Dental
55 North Ave
Webster, NY 14580
(585) 872-2797

Patient Information (Confidential) **Today's Date_____**

Name_____
First Middle Last
Address_____
Street P.O. Box
_____
City State Zip Code
Home Phone_____Work Phone_____Cell Phone_____

Preferred contact number:_____Email Address:_____

Date of Birth_____Social Security#_____

Employer_____Employer's Phone #_____

Preferred Pharmacy:_____Pharmacy Phone number:_____

Person to notify in case of an emergency:_____
Name Phone #

Responsible Party Information **(*complete if patient is not the responsible party or if patient is a minor*)**

Name_____
First Middle Last
Address_____
Street P.O. Box
_____
City State Zip Code
Home Phone_____Work Phone_____Cell Phone_____

Form last updated 1/23/18

PRIMARY DENTAL INSURANCE INFORMATION	**SECONDARY DENTAL INSURANCE INFORMATION**
Name of insured:	Name of insured:
Relationship to patient:	Relationship to patient:
Employer or Group:	Employer or Group:
Social Sec# or ID#:	Social Sec#or ID#:
Date of Birth:	Date of Birth:
Insurance company:	Insurance company:
Insurance company address:	Insurance company address:
Insurance company phone number:	Insurance company phone number: