

Welcome

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

Sonya G Morgan, DDS 2200 Space Park Dr. #300, Houston, TX 77058 281-333-3406 info@SignatureSmilesDentistry.com

PATIENT INFORMATION

Name _____ [] Dr. [] Mr. [] Mrs. [] Ms. [] Rev. [] Other: _____
First MI Last

Address _____ Occupation: _____ [] Male [] Female

City _____ State _____ Zip _____ Hm# (____) _____

Employer _____ Wk# (____) _____ Ext _____

Are you: [] Minor [] Married [] Single [] Divorced [] Widowed [] Separated Cell # (____) _____

DOB: ____/____/____ SSN# _____ E-mail _____@_____

Spouse's Name _____
First MI Last (if different)

Spouse occupation _____ Work phone _____ Ext _____

Is patient a full time student? [] No [] Yes: Name of school: _____

RESPONSIBLE PARTY (if different than patient)

Name _____
First MI Last

Address _____

City _____ State _____ Zip _____

Hm# (____) _____

Wk# (____) _____

DOB: ____/____/____

SSN# _____

Relationship: _____

YOUR PREFERENCES

Do you prefer appointment reminders by:
[] Email [] Phone [] Text

Do you prefer to receive calls from our office at:
[] Home [] Work [] Cell

Whom may we thank for referring you?

How do you wish to be addressed by our staff?

INSURANCE INFORMATION

MEDICAL INSURANCE:

Subscriber's Name _____ Relationship to patient: _____

DOB: ____/____/____ Subscriber's SSN# _____

Insurance Company _____ Policy # _____ Group # _____

SUPPLEMENTAL INSURANCE (DENTAL):

Insured Name _____ Relationship to patient: _____

Address _____ City _____ State _____ Zip _____

DOB: ____/____/____ SSN# _____ Employer: _____

Insurance Company _____ Group # _____ Eff. Date: ____/____/____

DO YOU HAVE ADDITIONAL DENTAL INSURANCE? [] Yes [] No If yes, please complete the following:

Insured Name _____ Relationship to patient: _____

Address _____ City _____ State _____ Zip _____

DOB: ____/____/____ SSN# _____ Employer: _____

Insurance Company _____ Group # _____ Eff. Date: ____/____/____



Our practice is one of the most advanced CAD/CAM practices in the US. We use 3-D CEREC technology to produce ceramic restorations in a single visit.

CONFIDENTIAL

**"Our practice is dedicated to helping you have good oral health for a lifetime."
Signature Smiles Dentistry, Inc.**