



O'Leary Dental Office  
2004 West Court Street  
Janesville, WI 53548  
(608)758-2004

APPOINTMENT DATE: \_\_\_\_\_

- will bring completed paperwork in from website
- will come into clinic early to complete paperwork.

## NEW PATIENT INTAKE FORM

LAST NAME: _____	
FIRST NAME: _____	
ADDRESS: _____	
CITY: _____	
STATE: _____	ZIP: _____
DOB: _____	SSI #: _____
PHONE NUMBER: _____	
EMAIL ADDRESS: _____	
EMERGENCY CONTACT PERSON: _____	PHONE #: (     ) _____

### DENTAL INSURANCE INFORMATION:

DOES PATIENT HAVE DENTAL INSURANCE: YES / NO
TYPE OF INSURANCE: _____
IS INSURANCE THRU AN EMPLOYER: YES / NO
<u>NAME OF THE EMPLOYER THAT INSURANCE IS UNDER:</u> _____
<u>IF INSURANCE IS UNDER SPOUSE / PARENT:</u>
Name: _____
DOB: _____ ID # OR SSI#: _____

PATIENT'S SIGNATURE: \_\_\_\_\_