

Kimberly Voges, D.D.S.
Patient Information

Today's Date: _____

Name: _____ Date of Birth: _____ M / F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ D.L.#: _____ S.S.# _____

Employer: _____ Work Phone: _____

Employer's Address: _____ City: _____ State: _____

Spouse's/Parent's Name: _____ Date of Birth: _____

Spouse's/Parent's Employer: _____ Work Phone: _____

Do you have Dental Insurance? Yes / No If so, please provide the following information:

Insurance Co.: _____ Policy #: _____ Group #: _____

Primary Insured: _____ S.S. #: _____

When was your last visit to a dental office? _____

What was the reason for your last visit? _____

Why are you being seen today? _____

When was your last dental check-up and cleaning? _____

Are you happy with the general appearance of your teeth? Yes / No If not, what would you like to improve about your smile? _____

Are you interested in learning how we can whiten your teeth? Yes / No

Who referred you to Dr. Voges? _____

I acknowledge that I have received and read the Financial Policy provided by Dr. Voges.

Signature: _____ Date: _____