Jay P. Zuroff DDS, MSD, PS

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PATIENT INFORMATION

Patient's Name ______________________________
Last First Middle

Address ______________________________
Street City State Zip

Home Phone ______________ Cell Phone ______________ Birthdate ______________

Employer ______________ Work Phone ______________ Occupation ______________

Email ______________ Social Security # ______________

How did you hear of our office? ______ Dentist ______ Yellow Pages ______ Other

PARENT / GUARDIAN / SPOUSE / EMPLOYMENT INFORMATION

Name ______________________________
Last First Middle Marital Status

Residence ______________________________ Home Phone ______________
Street City State Zip

Email ______________ Cell Phone ______________

Mailing Address ______________________________ How long at this address? ______

Previous Address (if less than 3 yrs.) ______________________________ Birthdate ______________
Street City State Zip

Social Security # ______________ Work Phone ______________ Relationship to Patient ______________

Employer ______________ Occupation ______________ No. Years Employed ______

Name ______________________________ Relationship to Patient ______________
Last First Middle

Residence ______________________________
Street City State Zip

Home Phone ______________ Work Phone ______________ Employer ______________

Social Security # ______________ Birthdate ______________ Occupation ______________

Additional Party Name ______________________________ Relationship to Patient ______________
Last First Middle

Residence ______________________________
Street City State Zip

Home Phone ______________ Work Phone ______________ Employer ______________

Social Security # ______________ Birthdate ______________ Occupation ______________

EMERGENCY INFORMATION

Name of nearest relative not living with you ______________________________

Address ______________________________ Phone ______________

I consent to the taking of photographs and x-rays before, during and after treatment, and to the use of same by the doctor in scientific papers or demonstrations.

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) ______________________________ Date ______________