COLONY DENTAL CARE

New Patient Information

112 South Main Street
Fitzgerald, GA 31750
PHONE 229.423.4500
FAX 229.423.3562

Patient Information

Patient Number _____

Name _____ Date _____

Soc. Sec. # _____ Birthdate _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

If Student, Name of School/College _____ City _____ State _____ ☐ Full Time ☐ Part Time

Patient's or Parent's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

Whom May We Thank for Referring You? _____

Person to Contact in Case of Emergency _____ Phone _____

Responsible Party (If someone other than patient)

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ Home Phone _____

Email _____ Cell Phone _____

Drivers License # _____ Birthdate _____ Financial Institution _____

Employer _____ Work Phone _____ SS# _____

Is This Person Currently a Patient in our Office? ☐ Yes ☐ No

Please Check Your Method of Payment: ☐ Cash ☐ Check ☐ Visa ☐ MC ☐ Other Payment Option

Insurance Information

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Soc. Sec. # _____

Name of Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy/ID # _____

Insurance Company Address _____ City _____ State _____ Zip _____

Do You Have Any Additional Insurance? ☐ Yes ☐ No If Yes, Please Complete the Following

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Soc. Sec. # _____

Name of Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy/ID # _____

Insurance Company Address _____ City _____ State _____ Zip _____ .