

Zugner and Pedersen Dental
55 North Ave
Webster, NY 14580
(585) 872-2797

Patient Information (Confidential)

Today's Date _____

Name _____

First Middle Last

Address _____

Street P.O. Box

City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Would you like us to text you to confirm appointments? Yes ___ No ___

Preferred contact number: _____ Email Address: _____

Would you like to receive emails to confirm your appointments? Yes ___ No ___

Date of Birth _____ Social Security# _____

Employer _____ Employer's Phone # _____

Preferred Pharmacy: _____ Pharmacy Phone number: _____

Person to notify in case of an emergency: _____

Name Phone #

Responsible Party Information (complete if patient is not the responsible party or if patient is a minor)

Name _____

First Middle Last

Address _____

Street P.O. Box

City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Form last updated 11/12/19

PRIMARY DENTAL INSURANCE INFORMATION	SECONDARY DENTAL INSURANCE INFORMATION
Name of insured:	Name of insured:
Relationship to patient:	Relationship to patient:
Employer or Group:	Employer or Group:
Social Sec# or ID#:	Social Sec# or ID#:
Date of Birth:	Date of Birth:
Insurance company:	Insurance company:
Insurance company address:	Insurance company address:
Insurance company phone number:	Insurance company phone number: