

Northwest Periodontics & Dental Implants

◆ LASER ◆ Implants ◆ Sedation ◆



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Patient's First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Patient's Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birth Date: _____ Age: _____ Social Security: _____ Driver License: _____

E-Mail: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Referring Dentist/Physician/Person: _____

Is Patient the Insurance Policy Holder Responsible Party

Responsible Party (if someone other than the patient)

Patients Relationship to Responsible Party: Self Spouse Child Other

Responsible Party's First Name: _____ Last Name: _____ Middle Initial: _____

Responsible Party's Street Address: _____ City: _____ State: _____ Zip Code: _____

Responsible Party is also Policy Holder for Patient Primary Insurance Policy Holder Secondary Insurance Policy Holder

Primary Insurance Information

Name of Insured: _____ Patient's Relationship to Insured: Self Spouse Child Other

Insured Date of Birth: _____

Information found on Dental Insurance Card Employer: _____ Group Number: _____

Insured Social Security or Member ID number: _____ Insurance Company: _____

Insurance Company Address: _____

City, State, and Zip Code: _____

Secondary Insurance Information

Name of Insured: _____ Patient's Relationship to Insured: Self Spouse Child Other

Insured Date of Birth: _____

Information found on Dental Insurance Card Employer: _____ Group Number: _____

Insured Social Security or Member ID number: _____ Insurance Company: _____

Insurance Company Address _____ City, State, and Zip Code: _____