

4450 East Highway 287  
Midlothian, Texas 76065  
972-723-2300



## CLARK DENTAL GROUP

**Brian Clark, D.D.S.**

www.brianclarkdds.com

211 West Belt Line Road  
Cedar Hill, Texas 75104  
972-291-4281

To help us meet all your dental needs, please fill out this form completely in ink.  
If you have any questions or need assistance, please ask us and we will be happy to help.

### Patient Information (Confidential)

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date \_\_\_\_\_

Soc.Sec# \_\_\_\_\_ Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Check Appropriate Box: Child Single Married Separated Divorced Widowed

Gender: Male/Female

If Student, Name of School \_\_\_\_\_

Patient's/Parent's Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Spouse or Parent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Whom May We Thank for Referring You? \_\_\_\_\_

Person to Contact in Case of Emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

What is the reason for your dental visit today? \_\_\_\_\_

### Responsible Party

Name of Person Responsible for this Account \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Soc.Sec# \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Is this Person Currently a Patient in our Office? Yes No

For your convenience, we offer the following methods of payment. Please check the option you prefer.

Payment is due in full at each appointment: Cash Check Credit Card Care Credit

### Insurance Information

Insured's Name \_\_\_\_\_ Insured's SS# \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Phone No. \_\_\_\_\_ Insured's Employer \_\_\_\_\_

As of April 14, 2003, federal law requires us to offer our patients a copy of our Notice of Privacy Practices. I have been offered a copy from this office of the Notice of Privacy Practices.

Date \_\_\_\_\_ Signature \_\_\_\_\_

