

Welcome

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

Keith W. Kelley, DDS • 1913 W. South Blvd. • Troy, Michigan 48098 • (248) 828-3185

PATIENT INFORMATION

Name _____ [] Dr. [] Mr. [] Mrs. [] Ms. [] Rev. [] Other: _____
 First MI Last

Address _____ Driver's Lic # _____ [] Male [] Female

City _____ State _____ Zip _____ Hm# () _____

Employer _____ Wk# () _____ Ext _____

Are you: [] Minor [] Married [] Single [] Divorced [] Widowed [] Separated Cell # () _____

DOB: ___/___/___ SSN# _____ E-mail _____ @ _____

Spouse's Name _____
 First MI Last (if different)

Spouse occupation _____ Work phone _____ Ext _____

Is patient a full time student? [] No [] Yes: Name of school: _____

RESPONSIBLE PARTY (if different than patient)

Name _____
 First MI Last

Address _____

City _____ State _____ Zip _____

Hm# () _____

Wk# () _____

DOB: ___/___/___

SSN# _____

Relationship: _____

YOUR PREFERENCES

Do you prefer appointment reminders by:
[] Email [] Phone [] Text

Do you prefer to receive calls from our office at:
[] Home [] Work [] Cell

How did you hear about our office?

How do you wish to be addressed by our team members?

INSURANCE INFORMATION

MEDICAL INSURANCE:

Subscriber's Name _____ Relationship to patient: _____

DOB: ___/___/___ Subscriber's ID# _____

Insurance Company _____ Policy # _____ Group # _____

SUPPLEMENTAL INSURANCE (DENTAL):

Insured Name _____ Relationship to patient: _____

Address _____ City _____ State _____ Zip _____

DOB: ___/___/___ ID# _____ Employer: _____

Insurance Company _____ Group # _____

DO YOU HAVE ADDITIONAL DENTAL INSURANCE? [] Yes [] No If yes, please complete the following:

Insured Name _____ Relationship to patient: _____

Address _____ City _____ State _____ Zip _____

DOB: ___/___/___ ID# _____ Employer: _____

Insurance Company _____ Group # _____



Our practice is one of the more technologically advanced practices in the US. We use 3-D CEREC technology to produce ceramic restorations in a single visit.

CONFIDENTIAL

