

**Margaret A. Lessig, DMD**  
1520 Business Center Dr. Suite 1  
Orange Park, Florida 32073

Date \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **S. S. No.** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's name, if patient is a minor \_\_\_\_\_ E-Mail \_\_\_\_\_

Patient employed by \_\_\_\_\_ Occupation \_\_\_\_\_ How long \_\_\_\_\_ Phone \_\_\_\_\_

Name of spouse \_\_\_\_\_ Spouse employed by \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

**ACCOUNT INFORMATION**

Person Responsible for account \_\_\_\_\_ DOB \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Employed by \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

If using a credit card, name \_\_\_\_\_ Card number \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Phone number \_\_\_\_\_

Person covered \_\_\_\_\_ Social Security Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group/Contract Number \_\_\_\_\_

**OTHER INFORMATION**

Who may we thank for referring you to our office? \_\_\_\_\_

We thank you for coming to our office for your dental care. We hope to serve your dental needs in the best way possible. In order to best serve your needs:

Day of week preferred: \_\_\_\_\_

Time of day preferred: \_\_\_\_\_

We often have appointment time available on a short notice basis (less than 24 hours). May we contact you on this basis if it is convenient? Yes \_\_\_\_\_ No \_\_\_\_\_

X \_\_\_\_\_

Signature