Adam Diesburg, DDS
DENTISTRY

1927 NE Baker Street
McMinnville OR 97128
503-472-2222
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Welcome to Our Practice!

Thank you for selecting our dental healthcare team! We will constantly strive to provide you with the best possible dental care.

PATIENT INFORMATION

PATIENT'S NAME_________________________________ NAME PREFERENCE__________ D.O.B.____________

ADDRESS____ CITY_______________ STATE___ ZIP__________

PH: HOME__________________ MOBILE_________________ E-MAIL ADDRESS____________________________

WORK_________________ OTHER________________ If you do not want to receive the newsletter circle NO

EMPLOYER_________________ EMPLOYER ADDRESS___________________BUSINESS PHONE______________

SPOUSE NAME _____________________ N/A SPOUSE PHONE NUMBER ______________________

PERSON TO CONTACT FOR EMERGENCY___________________ RELATIONSHIP___________ PHONE____________

OTHER FAMILY MEMBERS WHO ARE PATIENTS IN OUR OFFICE____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE____

RESPONSIBLE PARTY INFORMATION (if different from above)

NAME____ RELATIONSHIP TO PATIENT________________________

ADDRESS____ CITY________________ STATE___ ZIP___________

PHONE(S)____ DATE OF BIRTH_________________________

EMPLOYER_________________________ EMPLOYER ADDRESS AND PHONE_______________________________

DENTAL INSURANCE INFORMATION

PRIMARY DENTAL INSURANCE COMPANY___________________________________ EFFECTIVE DATE__________

ADDRESS____ CITY________________ STATE___ ZIP_________

NAME OF POLCIY HOLDER______________________________________ POLICY HOLDER D.O.B._____________

GROUP NUMBER_______________________ ID NUMBER____

- I hereby authorize payment of benefits directly to the provider and the release of all necessary information to the insurance carrier.

SIGNATURE OF THE INSURED___________________________________ DATE_________________________

MISSED APPOINTMENTS/LATE CANCELLATIONS

- We understand that emergencies can sometimes arise. Excessive missed appointments or late cancellations will result in a charge.

PATIENT **SIGNATURE**____ DATE_____________________________