Mark H. Thomasson, DDS **(615)865-1732**

PATIENT INFORMATION

PATIENT INFO

Date: _____

Name_____ Birth Date _____/_____/_____ Soc. Sec. # _____-_____-_____

Home Address _____ City_____ State_____ Zip _____

Mailing Address (if different from above)_____ City_____ State _____Zip _____

Phone #: Hm _____ Wk _____ Cell _____

Email Address _____ Drivers License # _____

Employer Name _____ Occupation _____

Please check appropriate box: Minor ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Who may we thank for referring you? _____ Who is responsible for your account? _____

We offer the following methods of payment. Please check the option you prefer. Payment in full is expected at each appointment.

Cash ☐ Personal check ☐ VISA / MasterCard / Discover ☐ Care Credit ☐

SPOUSE / PARENT INFO

Name of: Spouse ☐ / Parent ☐ (check one) _____ Is this person a patient in our office? _____

Home Address (if different from patient's) _____

Phone #: Hm _____ Wk _____ Cell _____

Soc. Sec. # _____-_____-_____ Birth date _____/_____/_____ Email Address _____

Employer Name_____ Occupation_____

Person to Contact in Case of Emergency _____ Relationship _____ Phone #'s _____

DENTAL INSURANCE INFO

Do You Have Dental Insurance? Yes ☐ No ☐

Primary Dental Ins. Company Name _____ Group # _____

Policyholder's Name (person that carries the ins) _____ Relationship to Patient _____

Policyholder's Info: Birth date _____/_____/_____ Soc.Sec. and/or ID # _____

Is this insurance with an Employer or Self-Insured Plan ? Employer ☐ if so/ name: _____ Self-Insured ☐

Do you have Secondary Dental Insurance ? Yes ☐ No ☐ If so, please repeat above information below.

_____

_____

DENTAL HISTORY

Do you wear a removable dental prosthesis (dentures, partial dentures, retainers)? Yes ☐ No ☐ _____

Have you ever been diagnosed with periodontal disease? Yes ☐ No ☐

Have you ever had any problem getting numb or had a reaction to local anesthetic? Yes ☐ No ☐

Have you ever had any serious problems associated with previous dental treatments? Yes ☐ No ☐

_____

_____