

# ROBERT L. SWEET, D.D.S., P.A.

## IMPLANT & FAMILY DENTISTRY

### General Dentist

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Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Employment \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. # \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_

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Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Employment \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. # \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
Employment \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Ext. # \_\_\_\_\_

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Primary	Secondary
Name of Insurance _____	Name of Insurance _____
Employee Name _____	Employee Name _____
Group Name _____ # _____	Group Name _____ # _____
ID# _____	ID# _____
Welfare ID# _____	Case Name _____
Please Present ID Card	

In case of an emergency whom may we contact?

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. # \_\_\_\_\_

My signature indicates that the above information is correct and also authorizes Dr. Sweet to obtain a credit report for the purpose of extending credit.

Signature \_\_\_\_\_

My signature indicates that the above information is correct. I will pay for services as they are rendered and do not authorize release of credit information.

Signature \_\_\_\_\_