WELCOME TO OUR OFFICE

TODAY'S DATE _____

BOB C. HUNSUCKER, D.D.S.
6305 Preston Road, Suite 1100
Plano, TX 75024

Thank you for choosing our office.

In order to serve you properly we will need the following information. (Please print) All information will be strictly confidential.

Patient's name | Birth date | Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Residence address | City | State | Zip | Home phone

If child, parent's name or guardian's name

Name of employer | Address | Business phone

Social Security number | Driver's license | Occupation

Do you have dental insurance? ☐ Yes ☐ No | If no, how do you intend to pay? ☐ Check ☐ Cash ☐ Credit card | Insurance co. name and address

Subscriber name | Subscriber ID | Group No. | Is it through your employer ☐ Yes ☐ No

Name of spouse | Birth date | Social Security number

Person financially responsible for this account | Address | Relationship to patient

Nearest friend or relative not residing with you | Relationship to patient | Phone number

Whom may we thank for referring you? | Address

What is your chief complaint?

I authorize this office to release any information necessary to expedite insurance claims. I understand that I am responsible for all charges, regardless of insurance coverage.

Patient, Parent, or Guardian Signature_____Date_____