



**FAMILY DENTISTRY**  
AT CIC

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (that you use) \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group number: \_\_\_\_\_

Who was your previous dentist? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ Did you have X-rays? \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_ Phone# \_\_\_\_\_

Please list who told you about our office so we can thank them:



Thank you for choosing Family Dentistry at CIC! We do not want to be just very good. Our goal is to deliver *EXCELLENT* services to you at every visit. We welcome your opinions on how we are doing. Please consult any of our team members with your thoughts.