

WELCOME

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please print this form, fill it out, and bring it with you to your appointment. If you have any questions, please call us – we will be happy to help. 480-998-7775

About You...

Dental Insurance

Name (First) _____ (MI) _____ (Last) _____
 Mr. Mrs. Ms. Dr. I prefer to be called _____
Birthdate _____ SS# _____
Home
Address _____
City _____ State _____ Zip _____
 Single Married Divorced Widowed Separated
Home Phone _____ Mobile/Pager # _____
Work # _____ Ext. _____
E-mail Employer _____
Employer's Address _____
How long there _____ Occupation _____
Where and when are the best times to reach you? _____
Whom may we thank for referring you? _____
Other family members seen by us _____

Spouse Information...

His/Her Name _____
Employer _____
Work # _____ Ext. _____
Birthdate _____

David G. Lebowitz, DMD
Mountain View Medical Center
10555 N. Tatum Blvd., Suite A104
Paradise Valley, Arizona 85253
Phone: 480-998-7775
Fax: 480-998-2919
www.Eyecatchingsmiles.com
E-mail: info@Eyecatchingsmiles.com

Primary Dental Insurance
Name of Insurance Co. _____
Address _____
Phone # _____
Group # (Plan, Local or Policy #) _____
Insured's Name _____
Relation _____
Insured's Birthdate / / Insured's SS# _____
Insured's Employer _____

Secondary Dental Insurance
Name of Insurance Co. _____
Address _____
Phone # _____
Group # (Plan, Local or Policy #) _____
Insured's Name _____
Relation _____
Insured's Birthdate / / Insured's SS# _____
Insured's Employer _____

Emergency Contact

In the event of an emergency is there a person you would like us to contact?
Name of Contact _____
Relationship _____
Home # _____
Work # _____ Ext. _____