

# ENDODONTICS AND ENDODONTIC SURGERY, P.C.

Paul R. Krasner, D.D.S.

Diplomate, American Board of Endodontics

18 S. Roland Street, Pottstown, Pennsylvania 19464 • (610) 327-4646

Date: \_\_\_\_\_

Patient Name

Address

City, State, Zip

Sex:  Male  Female

Date of Birth Social Security #

Home Phone Work Phone

Patient's Occupation

Patient's Employer

Employer's Address

City, State, Zip

Referred by

Have you ever been treated in our office before?

Yes  No

If so, when? \_\_\_\_\_

FINANCIALLY RESPONSIBLE PERSON IF OTHER THAN PATIENT

Name

Address

City, State, Zip

Sex:  Male  Female

Date of Birth Social Security #

Home Phone Work Phone

Occupation

Employer

Employer's Address

City, State, Zip

If patient is over 18 and is a full-time student:

Name of School

City

## Primary Dental Insurance

Name of Insurance Company

Address

City, State, Zip

ID # Group Name or #

Subscriber's Name on Insurance Coverage

Date of Birth Social Security #

Employer's Name

Address

What percentage will this insurance company cover? \_\_\_%

How is this employee related to the patient?

Subscriber  Spouse  Parent

## Secondary Dental Insurance

Name of Insurance Company

Address

City, State, Zip

ID # Group Name or #

Subscriber's Name on Insurance Coverage

Date of Birth Social Security #

Employer's Name

Address

What percentage will this insurance company cover? \_\_\_%

How is this employee related to the patient?

Subscriber  Spouse  Parent

*I agree to be responsible for any charges. 24 hour cancellation notice requires or a \$25.00 fee will be charged.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Personal History