Welcome to Olsen Orthodontics

About You

Today's Date_____

Name_____
First Last MI

Birthday __/__/____ Age____ M/F

Single Married Divorced Widowed Separated

SS # _____

Mailing Address_____

Home Address_____

City_____ ST_____ Zip_____

Time at Address_____

Please circle best number to be contacted at:

HM#_____ Cell #_____

WK#_____

E-Mail Address_____

Employer_____

Occupation _____ #Years There_____

Spouse Information

Name_____
First Last MI

Birthday __/__/____ Age____ M/F

SS # _____

HM#_____ Cell #_____

WK#_____

E-Mail Address_____

Employer_____

Occupation _____ #Years There_____

Emergency Information

Name_____
First Last MI

Relation to Patient_____

HM#_____ Cell #_____

WK#_____OT#_____

Orthodontic Insurance

Primary

Insured's Name_____
First Last MI

Relation to Patient_____

Insured's Birtdate __/__/____

Insured's Id #_____

Insured's Employer_____

Insurance Company_____

Insurance Address_____

Insurance Ph #_____

Group #_____

I understand that where appropriate, credit bureau reports may be obtained.

Signature_____Date_____