2968 Route 34, Oswego, IL 60543 (630) 554-9900 foxriverdental554@gmail.com

NEW PATIENT FORM

Welcome to Fox River Dental! Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be happy to help you! We look forward to building a lasting relationship focused on keeping your smile bright and healthy!

NAME (LAST, FIRST):		**SS#:**
ADDRESS:		
CITY:	STATE:	ZIP:
CELL #	HOME #	
EMAIL:		
MALE / FEMALE (CIRCLE)	BIRTHDATE:	AGE:
CHILD / SINGLE / MARRIED / WIDOWED (CIRCLE)		
HOW DID YOU HEAR ABOUT OUR OFFICE? (CIRCLE) GOOGLE / YELP / FACEBOOK / INSTAGRAM / FRIEND / INSURANCE COMPANY / SAW THE OFFICE IN PERSON / OTHER (PLEASE DESCRIBE)		
WHO MAY WE THANK FOR REFERRING YOU?		
PATIENT EMPLOYED BY:		**OCCUPATION:**
PRIMARY DENTAL INSURANCE COMPANY:		
POLICY HOLDER NAME:		DOB:
RELATION TO PATIENT:		ID# OR SS#
GROUP#		INS. PHONE #
POLICY HOLDER EMPLOYED BY:		
NUMBER OF DEPENDENTS UNDER THIS PLAN:		
ADDRESS (IF DIFFERENT FROM PATIENT):		
CITY:	STATE:	ZIP:

CELL #	HOME #
POLICY HOLDER EMAIL:	
IS PATIENT COVERED BY ADDITIONAL DENTAL INSURANCE? (CIRCLE) YES / NO	
ADDITIONAL DENTAL INSURANCE COMPANY:	
POLICY HOLDER NAME:	DOB:
RELATION TO PATIENT:	ID# OR SS#
GROUP#	INS. PHONE #
EMERGENCY CONTACT:	**CELL#**
(RELATION TO PATIENT):	
COMMUNICATION PREFERENCES:	
TEXT MESSAGE APPOINTMENT REMINDERS:	YES / NO
PHONE CALL APPOINTMENT REMINDERS:	YES / NO
EMAIL COMMUNICATIONS:	YES / NO
MAIL COMMUNICATIONS:	YES / NO

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Scan the QR code with your phone's camera to follow us on **Instagram**!