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# Welcome

Thank you for choosing Sterling Dentistry PLLC!

Today's Date \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: M F

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Check appropriate box: Minor  Single  Married  Divorced  Widowed  Separated  Other

Referred to the office by \_\_\_\_\_

## Dental Insurance Information

Insurance Company \_\_\_\_\_ Insured Name \_\_\_\_\_

Insured DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Subscriber# \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

## Secondary Dental Insurance Information

Insurance Company \_\_\_\_\_ Insured Name \_\_\_\_\_

Insured DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Subscriber# \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

## **Responsible Party Information**

Name of Responsible Party (Guardian) \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

## **Responsible Party's Spouse**

Name of Responsible Party's Spouse \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_