

Pendergrass/Wilkie Dentistry Partnership
6020 Belpree Road, Suite C Amarillo, Texas 79106
806-358-8801

Patient Information

Patient Name: _____ **Date:** _____
Last First MI
 Male Female Married Single Child Other _____
Social Security #: _____ **Birth Date:** _____
Phone (Home): _____ **(Work):** _____ **Ext:** _____ **Best Time to Call:** _____
Phone (Cell): _____ **Email Address:** _____
Address: _____
Street Apartment #
City State Zip Code

Dental Insurance Information

Primary
Name of Insured: _____ **Is Insured a Patient?** Yes No
Last First MI
Insured's Birth Date: _____ **ID #:** _____ **Group #:** _____
Insured's Address: _____
Street City Zip Code
Insured's Employer Name: _____
Employer's Address: _____
Street City Zip Code
Patient's Relationship to Insured: Self Spouse Child Other _____
Insurance Plan Name and Address: _____

Spouse or Responsible Party Information

The following is for: The Patient's Spouse The Person Responsible for Payment
Name: _____
 Male Female Married Single Child Other _____
Social Security #: _____ **Birth Date:** _____
Phone (Home): _____ **(Work):** _____ **Ext:** _____ **Best Time to Call:** _____
Address: _____
Street Apartment #
City State Zip Code

Employment Information

The following is for: The Patient The Person Responsible for Payment
Employer Name: _____ **Occupation:** _____
Address: _____
Street City State Zip Code