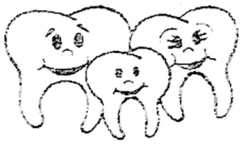

Bruce L. Vetters, D.D.S.

family dentistry

BRUCE L. VETTERS, D.D.S.

6619 S. Flores • San Antonio, Texas 78214 • (210) 924-1066

Patient Information:

Name _____
LAST FIRST MIDDLE INITIAL PREFERRED NAME

Address _____
STREET APT #

_____
CITY STATE ZIP

Birth Date _____ ☐ Male ☐ Female

Employer _____

Height _____ Weight _____ ☐ Married ☐ Single ☐ Other

Phone: Home (_____)_____ Social Security # _____

Work (_____)_____

Cell (_____)_____ Email _____

Emergency Contact: Name _____ Phone (_____)_____

If Patient Is Under 18 Years Old:

Responsible Party _____ Phone: (_____)_____ Relationship to Patient _____

How Did You Hear About Us?: ☐ Phone Book ☐ Google ☐ Yahoo ☐ Yelp ☐ Walk in/Drive by ☐ Insurance ☐ Mailer

Referred By: _____ Other: _____

Insurance:

Primary Dental Carrier

Insurance Co Name: _____ Phone #: _____

Insured's Name: _____ Birth Date: _____ ID#: _____

Insured's Employer: _____ Group #: _____

Relationship to Patient: _____

Secondary Dental Carrier

Insurance Co Name: _____ Phone #: _____

Insured's Name: _____ Birth Date: _____ ID#: _____

Insured's Employer: _____ Group #: _____

Relationship to Patient: _____

The information on this page is correct to the best of my knowledge: (SIGN AND DATE)

X_____ _____

PATIENT OR PARENT/GUARDIAN SIGNATURE **DATE**