FOR OFFICE USE ONLY

Date _______________

Office: BH / S

ID#________________

KAY & McCULLUM ORTHODONTICS

25 Boulder Hill Pass, Montgomery, IL 60538

100 S. Latham, Suite 205, Sandwich, IL 60548

Telephone: (630)896-2779 Fax: (630)896-9252

PATIENT INFORMATION

Please print legibly

Title:___________ Legal Name:____

First Middle Last

Nickname:______________________________ Birthdate:____________ ☐ Male ☐ Female

Address:____

City:____ State:___________________ Zip:____________

Home Phone: ( )______________ Cell Phone: ( )______________ Identifying number*:________________

Employer of Patient:_______________________________________ Work Phone: ( )__________________

Family members seen by our office:_____________________________ Referral source:____________________

Emergency Contact Person:____ Phone: ( )____________

Dentist Name:____ Phone: ( )____________

Address:________________________________ City:__________________ State:_________ Zip:__________

***Identifying number is necessary to identify callers who can discuss patient matters.**

Please give **full legal** names.

RESPONSIBLE PERSON TO BE BILLED

Title:___________ Name________________________________ Relationship to Patient__________________

Address____ City__________________ State____ Zip_________

Home Phone ( )______________ Cell Phone ( )______________ Identifying number*:________________

Employer:____ Work Phone ( )______________ Ext:_______

SECOND RESPONSIBLE PARTY

Title:_____________ Name______________________________ Relationship to Patient__________________

Address____ City__________________ State____ Zip_________

Home Phone ( )______________ Cell Phone ( )______________ Identifying number*:________________

Employer:_______________________________________ Work Phone ( )________________ Ext:________

THIRD RESPONSIBLE PARTY

Title:_____________ Name_____________________________ Relationship to Patient__________________

Address____ City__________________ State____ Zip_________

Home Phone ( )____________ Cell Phone ( )___________ Identifying number*:____________________

Employer:____ Work Phone ( )_____________ Ext:______

OTHER INFORMATION:____

____

Signature:____ Date:___________________________