



SmileStudio

Contactnorman@smilestudiook.com

5103 N Shartel Ave.

Oklahoma City, Oklahoma 73118

Patient Information

Last Name *

First Name *

MI

Address *

City *

State *

Zip Code *

Home Phone

Cell Phone

Work Phone

Birth Date *

Sex *

Male Female

Marital Status

Single Married
 Child Widowed
 Divorced

SSN

Employer

Occupation

Emergency Contact

Phone Number

(Not in your household)

Email

Responsible for Payment

Check box if information is the same as above

Last Name

First Name

MI

Home Phone

Cell Phone

Work Phone

Birth Date

Sex

- Male
- Female

Marital Status

- Single
- Married
- Child
- Widowed
- Divorced

SSN

Employer

Occupation

Insurance Information

Do You Have Insurance?

- Yes
- No

Authorization

I authorize payment directly to Dentistry By Design for dental benefits when necessary . I also understand I am responsible for office charges at the time they are incurred unless I am covered by an insurance company in which the dentist participates. I am responsible for any portion of my bill not covered by my insurance company .

Signature (Parent/Guardian) *

Date *

Referred By