



KRAUSE DENTAL

IMPLANT, COSMETIC, AND RESTORATIVE DENTISTRY

Dear Patient: WELCOME to Krause Dental and thank you for selecting our dental team! We will strive to provide you with the best possible dental care. If you have any questions or need assistance, please ask us – we will be happy to help!

Date: _____

Name: _____ Home Phone _____

Cell: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN/SIN# _____ Birthdate: _____

Business Name: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Responsible Party:

Name of Responsible Party for Acct: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Employer: _____ SS/SIN# _____

Insurance Information:

Name of Insured: _____ Relationship to Patient _____

Birthdate: _____ SS/SIN# _____ Date Employed: _____

Name of Employer: _____ Work Number: _____

Employers Address: _____ City _____ State: _____ Zip: _____

Insurance Company _____ Group#: _____ Policy/ID# _____

Insurance Address: _____ City _____ State: _____ Zip _____

How much is your deductible? _____ How much have you used? _____

Maxim Annual Benefit _____

Whom may we thank for referring you? _____

