

TIMBERLINE DENTAL, PLLC



FLAGSTAFF

518 North Beaver St., #A
Flagstaff, Arizona 86001
(928) 774-4705

WILLIAMS

401 W. Railroad Avenue
Williams, Arizona 86046
(928) 856-2100

Account Information

PATIENT INFORMATION

| | | | | | |
|---------------------|------------------------|--------|-------|---------------|--|
| NAME- | First | Middle | Last | Date of Birth | Social Security Number |
| ADDRESS - | Street | City | State | Zip Code | Driver's License Number |
| () | () | | | | |
| HOME PHONE NUMBER - | Cell Phone | Email | | | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Female |
| () | | | | | |
| EMERGENCY# | Emergency Contact Name | | | | Relationship to Patient |

RESPONSIBLE PARTY INFORMATION

| | | | | | |
|--------------------|--------|----------------|---------------------------|---------------|---|
| NAME- | First | Middle | Last | Date of Birth | Social Security Number |
| ADDRESS - | Street | City | State | Zip Code | Relationship to Patient |
| TELEPHONE NUMBERS- | Home | Work or School | Cell Phone Number / Other | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

INSURANCE INFORMATION

| | | | | | |
|--------------------|--------|----------------|------------------|---------------|---|
| NAME- | First | Middle | Last | Date of Birth | Social Security Number |
| ADDRESS - | Street | City | State | Zip Code | Relationship to Patient |
| TELEPHONE NUMBERS- | Home | Work or School | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| INSURANCE COMPANY- | Name | Address | Telephone Number | | |
| EMPLOYER- | Name | Address | Telephone Number | | |
| INSURANCE NUMBERS- | Group | Policy Number | AHCCCS Number | | |