



3651 N 100 E Ste #175
Provo, UT 84604
Phone: 801-356-3025
Fax: 801-371-8810
info@courtyard-dental.com

PATIENT INFORMATION

Name _____ Legal Name _____

Mailing Address _____ City _____ State _____
Zip _____

Home Phone(____) _____ Cell Phone(____) _____ Work Phone(____) _____

Which phone number is preferred for daytime contact? Home Cell Work

Date of Birth _____ Sex M F Marital Status _____

Social Security # _____ Email Address _____

Person to Contact in Case of Emergency _____ Phone # _____

How Did You Hear About Us?

Friend/Family – Name? _____

Insurance Company – What company? _____

Dentist/Doctor – Which doctor? _____

Internet – What site? _____

Other _____

RESPONSIBLE PARTY

Who is Responsible for Payment on this Account? _____

Mailing Address _____ City _____ State _____
Zip _____

Phone Number(____) _____ Date of Birth _____

Is this Person Currently a Patient in our Office? Yes No

DENTAL INSURANCE

Insurance Company _____ Employer _____

Insurance Phone Number(____) _____ Group # _____ Member ID# _____

Policy Holder Name _____ Date of Birth _____

Social Security Number _____ Phone #(____) _____