



Periodontal and Implant Specialties, Ltd.

List of medications taken daily including aspirin and vitamins:

Pharmacy: _____

Pharmacy Address: _____

Pharmacy Phone: _____

INSURANCE INFORMATION

Primary Dental Insurance

Employee Name: _____

Employee DOB: _____

Employer: _____

Insurance Company: _____

Claims Address: _____

Insurance Phone #: _____

Group #: _____

Employee SS#/ ID #: _____

Secondary Dental Insurance

Employee Name: _____

Employee DOB: _____

Employer: _____

Insurance Company: _____

Claims Address: _____

Insurance Phone #: _____

Group #: _____

Employee SS#/ ID #: _____

I understand that I may be responsible for a percentage of or all costs of treatment if insurance is denied.

Patient Signature: _____ **Date:** _____