

to Highlands Dental Care



2770 S. Highland Ave, Unit 103 Lombard. IL 60148 - (630) 426-6996

Please take a few minutes to answer the following questions so we can better assist you with your dental needs.

Patient Information										
			Aiddle Name			Last Name (as it appears on insurance card or ID)				
Sex	Marital Status	Date of Birth			Soc	Social Security Number				
Patient's Address			City			State Zi _l		Zip		
Home Phone		Mobile	Phone		Em	Email Address				
Who may we thank for recommending you										
Patient Employer/School Information										
Employer/School Oc		Occupa	ccupation			Employer/School Phone				
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Employer/School Address			City			State Zi		Zip	ZIP	
Emergency Contact Information Emergency Contact Phone Relation to Patient										
Emergency Contact Name Em			nergency Contact Phone			Relation to Patient				
Billing and Insurance – Primary Dental Insurance										
Insured's Name (as it appears on insurance card or ID) Relation to Patient Insured's Phone Number								lumher		
misured 3 Name (as it appears on misurance t			Relation to ratient			maded 31 none rumber			lamber	
Insured's Address			City		St	State			Zip	
modred 37 adress			City			State			2.6	
Insured's Social Security Number Insured's Birtho										
Insurance Company				Plan						
Plan Number			Group Number			Insured's Employer/School			nool	
Responsible Party										
Billing Name (if other than patient)			Pho	one		Relation to Patient				
Address			City			ate				
	. 11									
Secondary Dental Insurance										
Insurance Company			Plan							
Dian Mumban					/2 :					
Plan Number Group Number			Insured's Employer/		yer/Scho	School Insured's Soci			ecurity Number	
Insured's Name (as it appears on insurance card or ID)				B 1 11 1 5 11	, , , , , , , , , , , , , , , , , , ,					
Insured's Name	Relation to Patie	Relation to Patient			Insured's Phone Number					