

Welcome

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				
Patient's First Name		Middle Name	Last Name (as it appears on insurance card or ID)	
Sex	Marital Status	Date of Birth	Social Security Number	
Patient's Address		City	State	Zip
Home Phone		Mobile Phone	Email Address	
Employer/School		Occupation	Employer/School Phone	
Emergency Contact Name		Emergency Contact Phone	Relation to Patient	
Who may we thank for recommending you: <input type="checkbox"/> Google. <input type="checkbox"/> Zocdoc. <input type="checkbox"/> Localmed. <input type="checkbox"/> Friend _____				
Billing and Insurance – Primary Dental Insurance				
Insured's Name (as it appears on insurance card or ID)		Relation to Patient	Insured's Phone Number	
Insured's Address		City	State	Zip
Insured's Social Security Number		Insured's Birthdate		
Insurance Company		Plan		
Plan Number	Group Number		Insured's Employer/School	
Responsible Party				
Billing Name (if other than patient)		Phone	Relation to Patient	
Address	City	State	Zip	

Acknowledgement of receipt - I, _____ have received a copy of Highlands Dental Care Notice of Privacy Practice.

Signature of the Patient/Parent/Guardian: _____

Date: _____