



A to Z Family Dentistry, PC

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Welcome to our Office!

Today's Date: _____

Patient Information

Last Name _____

First Name _____

Mr. _____ Mrs. _____ Ms. _____ Miss _____

Gender: Male _____ Female _____

Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Wid _____

Date of Birth: _____

Age: _____

Social Security #: _____

Street Address: _____

Apartment #: _____

City: _____

State: _____ Zip _____

Cell Phone: _____

Is it OK to text you? _____

Home phone: _____

Work phone: _____

Is it OK to call you at work? _____

Best time to call you and which number: _____

Email: _____

Employer: _____

Employer's Address: _____

Employer's Phone #: _____

Occupation: _____

How did you hear about us? _____

Reason for today's visit: _____

Person responsible for Bill? _____

Insurance Information

Insurance Co.: _____

Phone #: _____

Group #: _____

ID #: _____

Policy #: _____

If Patient is NOT the Subscriber:

Subscriber's Name: _____

Subscriber's SS: _____

Subscriber's DOB: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Employer's Phone #: _____

Patient's relationship to Subscriber? _____

Is the subscriber a patient here? _____

In Case of Emergency

Name: _____

Phone #: _____

Alternate Phone #: _____

Relationship to patient: _____

Consent for Services: The above information is true to the best of my knowledge. I understand that I am responsible for all costs of dental treatment. I authorize my insurance benefits to be paid directly to A to Z Family Dentistry, PC. I understand that I am responsible for any balance not paid by my insurance. I authorize A to Z Family Dentistry, PC to release any information required to process my claims or for any other permitted disclosure. I accept the terms of the Notice of Privacy Practices as posted. I authorize the dentist to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care.

Patient/Guardian Signature: _____

Guardian's Printed Name: _____