

Canyon Creek Endodontics
Dr. David V. Christianson, D.D.S.
Practice limited to Endodontics
Specialist in Root Canal Therapy

3300 N. Running Creek Way, Bldg H St.200
Lehi UT 84043
3707 N. Canyon Road, Suite 7-D
Provo UT 84604

CONFIDENTIAL

PATIENT # _____

DATE _____

PATIENT INFORMATION

(PLEASE PRINT)

NAME _____ BIRTHDATE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CHECK APPROPRIATE SPOT: MINOR SINGLE MARRIED DIVORCED WIDOWED SEPARATED

PATIENT'S OR PARENT'S EMPLOYER _____ WORK / CELL PHONE _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPOUSE OR PARENT'S NAME _____ EMPLOYER _____ WORK / CELL PHONE _____

IF PATIENT IS A STUDENT, NAME OF SCHOOL/COLLEGE _____ STATE _____ ZIP _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____ PHONE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

RESPONSIBLE PARTY

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RELATIONSHIP TO PATIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ EMPLOYER _____ PHONE _____

INSURANCE INFORMATION

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____ EMPLOYER _____

INSURANCE COMPANY _____ MEMBER ID # _____ GROUP # _____

INSURANCE COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MUCH IS YOUR DEDUCTIBLE? _____ HOW MUCH HAVE YOU USED? _____ MAX. ANNUAL BENEFIT? _____

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE: IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____ EMPLOYER _____

INSURANCE COMPANY _____ MEMBER ID # _____ GROUP # _____

INSURANCE COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MUCH IS YOUR DEDUCTIBLE? _____ HOW MUCH HAVE YOU USED? _____ MAX. ANNUAL BENEFIT? _____

*****OVER*****