egger ORTHODONTICS

MEADOW CREEK
22530 SE 64th Pl, Ste 130 | Issaquah, WA 98027
P: 425.392.2499
www.eggerortho.com

Welcome to Egger Orthodontics! In an effort to provide you with the highest quality service, we ask you to fill out this form as thoroughly as possible.

Patient Registration

Patient Name ______________________________ Birth Date ____/ ____/ ______

Patient's Mailing Address ______________________________ Gender: Male / Female

City ______________________________ State __________ Zip ____________

Home Phone ______________ Cell Phone ______________ Work Phone ______________

Patient's Email ______________________________

Current Dentist ______________________________

Whom may we thank for referring you to us? ______________________________

Patient's main concern ______________________________

Has the patient ever had an orthodontic consultation before: Yes / No

If yes, please explain ______________________________

Responsible Party (If patient is a minor - Child's legal guardian)

Name ______________________________ Relationship to Patient ______________

Mailing Address ______________________________ Birth Date ____/ ____/ ______

City ______________________ State ______ Zip __________ SS# ______________

Home Phone ______________ Cell Phone ______________ Work Phone ______________

Orthodontic Insurance #1

Insurance Co. ______________________________

Subscriber ______________________________

Employer ______________________________

Subscriber DOB ____/ ____/ ______

Enrollee ID # ______________________________

Group # ______________________

Patients relationship to Subscriber ______________

Orthodontic Insurance #2

Insurance Co. ______________________________

Subscriber ______________________________

Employer ______________________________

Subscriber DOB ____/ ____/ ______

Enrollee ID # ______________________________

Group # ______________________

Patient's relationship to subscriber ______________

Emergency Contact (Person not living with Patient)

Relationship to Patient ______________________________

Name ______________________________ Tel # ______________________________