

TRI-STATE PERIODONTICS, PSC

2154 Carter Avenue, Suite A

Ashland, Kentucky 41101

Gregory Craft, DMD, MS

Name _____ Date _____
First MI Last

Address _____
Street No./Apt. No. City/State /Zip

Phone (____) _____ - _____ Alternate Phone Number (____) _____ - _____

Date of Birth ____ - ____ - ____ Age _____ SSN _____

Marital Status S M W D Weight _____ Height _____

If a MINOR, Parent or Guardian's Name _____

Person Responsible for paying account, if other than patient _____

Nearest Relative other than Spouse or Parent _____ Phone (____) _____ - _____

Referred by _____ Phone (____) _____ - _____
Name Address

Name of Dentist _____ Phone (____) _____ - _____

Name of Physician _____ Phone (____) _____ - _____

Name of Pharmacy _____ Phone (____) _____ - _____

EMPLOYER INFORMATION

Employer Name & Address _____

Employer Phone (____) _____ - _____ If Applicable, your extension no. _____

Occupation/Position _____ Length of Employment _____

INSURANCE INFORMATION

Primary Dental Insurance Carrier _____

Subscriber Name _____ Policy # _____ Relation to patient _____

Subscriber Address _____ Phone (____) _____ - _____

Date of Birth ____ - ____ - ____ SSN ____ - ____ - ____ Employer _____

Employer's Address _____ Phone (____) _____ - _____

Secondary Dental Insurance Carrier _____

Subscriber Name _____ Policy # _____ Relation to patient _____

Subscriber Address _____ Phone (____) _____ - _____

Date of Birth ____ - ____ - ____ SSN ____ - ____ - ____ Employer _____

Employer's Address _____ Phone (____) _____ - _____