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PATIENT INFORMATION

DATE _____

NAME _____ Adult Minor
Last First MI

ADDRESS _____

City State Zip-Code

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

MARITAL STATUS Single Married Separated Divorced Widowed

EMPLOYER _____ WORK PHONE # _____

COLLEGE ATTENDING _____

IF STUDENT IS INSURED, WHEN DOES INSURANCE END? _____

REFERRED BY _____

RESPONSIBLE PARTY

NAME _____ Relationship to Patient _____
Last First MI

ADDRESS _____

City State Zip-Code

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____ WORK PHONE # _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____ CELL # _____

PRIMARY INSURANCE

INSURED NAME _____
Last First MI

DATE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____ PHONE # _____

INSURANCE COMPANY _____

GROUP # _____ PHONE # _____

ADDRESS _____