Ohana Smiles

11010 Prairie Brook Rd Omaha, NE 68144 Ph: 402-571-3415 Fax: 402-571-1057 http://www.ohanasmiles.com

Welcome to Ohana Smiles! Our mission is to provide the most comprehensive dental care for you and your family with a personalized, gentle, and efficient approach.

Please complete the information below (if unchanged, please leave blank):

Personal Information

Today's Date: _____

Name: _____
LAST FIRST MI

Home Address: _____

_____
CITY STATE ZIP CODE

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Status: ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed

Spouse's Name: _____

Children: ☐Yes ☐No How many? _____

Occupation: _____

Employer: _____ Years: _____

Work Address: _____

_____
CITY STATE ZIP CODE

Account Information

Person responsible: _____

Relationship: _____

DOB: _____ SSN: _____

Phone: _____

Billing Address: _____

_____
CITY STATE ZIP CODE

Insurance Information

☐Primary ☐Secondary Dental Insurance

Co. Name: _____

Address: _____

_____
CITY STATE ZIP CODE

Phone: _____

Group #: _____ ID #: _____

Insured's Name: _____

DOB: _____ Relationship: _____

Insured's Employer: _____

Medical Information

New medications/allergies/conditions/surgeries:

_____

_____

_____

Emergency Contact

In the event of an emergency, please contact:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician's Name: _____

Physician's Phone: _____

I authorize Ohana Smiles to perform any necessary services during diagnosis and treatment, I guarantee this form was completed correctly to the best of my knowledge, and I understand it is my responsibility to inform Ohana Smiles of any changes to the information I have provided.

X _____ Date _____