amberlydental

13220 Callum Drive, Suite 5
Waverly, NE 68462

Phone (402) 786-2007

Today's Date_____

How did you hear about us?(name of patient if referral) _____

Patient Information:

Last Name:_____ First Name:_____ Middle Initial:___

Address:_____City:_____ST:_____ Zip:_____

Home Phone:_____ Mobile Phone:_____

Employer:_____ Work Phone:_____

Email Address:_____ _____

Would you like to opt in for our email and text service appointment reminders?(please circle) YES/NO

Marital Status:_____ Sex: M F Birth Date:_____ Social Security #:_____

Emergency Contact Name:_____ Emergency Contact Number:_____

Responsible Party (If patient is under 19):

Last Name:_____ First Name:_____ DOB:_____
Address:_____City:_____ST:_____ Zip:_____
Relation to Patient:_____
Home Phone:_____ Work Phone:_____ Mobile Phone:_____

Dental Insurance Information:

Name of Insured:_____ Relationship to patient:_____
Policy Holder's Social Security #:_____ Policy Holder's Date of Birth:_____
Name of Insured's Employer:_____ Phone # of Employer:_____
Insurance Company:_____ Policy Number:_____
Secondary Insurance Y N _____

Submit