

Southwest Iowa Dental Associates

1213 W Nishna Rd * Shenandoah, IA 51601-1554

(712)246-2180

PATIENT INFORMATION

Patient Name _____ (_____)

DOB ____/____/____ SSN ____-____-____ Male Female Other

Family Status Married Single Child Other

Mailing Address _____

Address 1

Address 2

City

State

Zip

Phone (____) ____-____ Home Cell Work
(____) ____-____ Home Cell Work

Emergency Contact Name _____ Phone (____) ____-____

(<18 years) Mother's Name _____ DOB ____/____/____

(<18 years) Father's Name _____ DOB ____/____/____

Why did you choose to become a patient at our office? In-network with insurance
 Online Search Radio Ad Newspaper Ad Phonebook Word of mouth
 Referred by _____ Other _____



**Please hand your insurance card to the front desk or complete form below.*

Name of Insured _____ DOB ____/____/____

Primary

Relationship to Patient Self Spouse Parent Other

Insurance Plan Name _____ Plan ID # _____

Employer _____

Name of Insured _____ DOB ____/____/____

Secondary

Relationship to Patient Self Spouse Parent Other

Insurance Plan Name _____ Plan ID # _____

Employer _____