



Modern Day Dental
 9551 N. Owasso Expy
 Owasso, OK 74055
 918-376-9600

Medical Alert

Thank you for visiting Modern Day Dental. We want your visit to be pleasant and comfortable. Please help us by completing this form.

Patient Information

Name _____
LAST FIRST MIDDLE INITIAL PREFERRED

Address _____
STREET

_____ CITY _____ STATE _____ ZIP

Employer _____ Drivers License _____
 Birth date _____ Height _____ Weight _____
 Phone: Home (____) _____ Social Security # _____
 Work (____) _____ May we contact you at work? Yes No
 Mobile(____) _____ Male Female
 Email _____

Emergency: Name _____ Phone (____) _____

Insurance

Primary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____
 Employer _____ Insurance Co. _____
 Insurance Co. Phone # _____ Group # _____
 Relation to patient _____

Secondary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____
 Employer _____ Insurance Co. _____
 Insurance Co. Phone # _____ Group # _____
 Relation to patient _____

Insurance Authorization Statement (Sign & Date)

I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. I hereby authorize the Dental Office to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history is correct to the best of my knowledge.

Signature _____ Date _____

If Patient is Under 18

Responsible Party _____ Relation to Patient _____

Address _____
STREET

_____ CITY _____ STATE _____ ZIP

Telephone (____) _____