MYLENE GLUECKERT REINICKE, DDS | 719.597.6300
2960 NORTH CIRCLE DRIVE | SUITE 105 | COLORADO SPRINGS, 80909

Welcome to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your dental health.

PATIENT INFORMATION

Name of Patient:		Date of Birth:
Patient Address:		City | State | Zip:
Home Phone:	Work Phone:	Mobile Phone:
List only the numbers which you would like for us to contact you.		
Sex: M|F	Marital Status:	SSN:
Driver's License #:	E-mail Address:	
Patient's Employer:	Employer's Address:	Occupation:
Whom may we thank for referring you?		

INSURANCE INFORMATION

Person responsible for account:		
Relationship to patient:	Date of birth:	SSN or IDN:
Address (if different from patient):		
Responsible party's employer:		
Insurance Company:		
Insurance telephone number:	Group number:	Subscriber number:
Is patient covered by additional insurance? Y | N (if no, please skip to next section)		
Subscribers Name:	Date of Birth:	SSN or IDN:
Address (if different than patient):		
Subscribers Employer:		Occupation:
Insurance Company:		
Insurance telephone number:	Group number:	Subscriber Number:

EMERGENCY CONTACT INFORMATION

Name of emergency contact/relative not living with you:		
Address of emergency contact:		
Home telephone:	Work telephone:	Other: