



# VALER DENTAL | BRACES

120 Eubank Blvd SE, Albuquerque NM 87123 (505 )600-2000

## Patient Information

We are pleased to welcome you to our office. 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.

PERSONAL	
Name: _____	Last                      First                      UI                      (Preferred)
Birthdate _____ SS# _____	Gender. <input type="checkbox"/> M <input type="checkbox"/> F    Married. <input type="checkbox"/> Y <input type="checkbox"/> N
Work Phone _____	Wireless Phone _____
Email _____	
Preferred contact method: <input type="checkbox"/> HmPhone <input type="checkbox"/> WkPhone <input type="checkbox"/> WirelessPh <input type="checkbox"/> Email	
Student status if dependent over age 19 (for ins): <input type="checkbox"/> Non student <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime	
How did you hear about us? <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Radio <input type="checkbox"/> Instagram <input type="checkbox"/> Sign <input type="checkbox"/> Other: _____	
ADDRESS AND HOME PHONE	
Check box if same for entire family <input type="checkbox"/>	
Address _____	
Address 2 _____	
City _____	State _____ Zip _____
Home Phone: _____	
INSURANCE POLICY 2	
Your relationship to subscriber. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Subscriber Birthdate _____
Subscriber Name _____	Subscriber ID # _____
Insurance Company _____	Phone _____
Employer _____	Group Name _____ Group # _____
Please present insurance card and photo ID to receptionist.	
INSURANCE POLICY 2	
Your relationship to subscriber. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Subscriber Birthdate _____
Subscriber Name _____	Subscriber ID # _____
Insurance Company _____	Phone _____
Employer _____	Group Name _____ Group # _____

Signature: \_\_\_\_\_