

Liberty Hill Dental, P.A.
Thad H. Gillespie, D.D.S.

Date _____

Patient Information

Last _____ First _____ MI ____ Preferred Name _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
Social Security No. _____ Date of Birth _____ Male Female
Employer _____ Occupation _____ Phone _____
Address _____ City _____ State ____ Zip _____
Marital Status _____ If Married, Name of Spouse _____

Person Responsible For Account

Last _____ First _____ MI ____ Relationship _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
Social Security No. _____ Date of Birth _____ Male Female
Employer _____ Occupation _____ Phone _____
Address _____ City _____ State ____ Zip _____
Marital Status _____ If Married, Name of Spouse _____

Insurance Information

Do you have dental insurance? Yes No If yes, please allow us to make copy of card.

Are you covered by another insurance plan? Yes No If yes, please allow us to make copy of card.

Insured's Name: Last _____ First _____ MI ____
Social Security No. _____ Date of Birth _____
Employer _____ Phone _____

Whom may we thank for referring you to our practice? _____

Previous Dentist _____ Date last seen _____

Physician _____ Specialty _____ Date last seen _____