Fred T. Ridge, D.D.S

115 Turnberry Way Pinehurst, N C, 28374 (910) 695-3100 Fax: (910) 695-3126

Patient Information

Patient 's Name:______________________________ Birth Date:__________
Street:______________________________ State______ Zip______
Home Phone:______________ Cell:______________ Work:______________
Employer:______________________________ SS#:______________
Work Address:______________________________
E-mail:______________________
Married__________ Single__________ Widowed__________ Child__________
Person responsible for account:______________________ Relation:__________
Address:______________________________
State:________ Zip________ Phone Number______________________
How did you learn about our office:______________________
Purpose of initial visit:______________________
Previous Dentist______________________
Phone Number______________________ Last visit______________

Nearest relative, not living with you:______________________
Address______________________________ Phone______________

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INSURANCE INFORMATION

NONE______

Insurance Company______________________________
Insured Member______________________ SS#______________
Date of Birth______________________ Relationship______________
Employer______________________________

We will gladly file your dental insurance, as a courtesy for you. Just know that your insurance will pay a percentage for most procedures, not in full.

METHOD OF PAYMENT

To receive payment in full when services are rendered is our financial guideline. Cash, personel check, VISA or MasterCard is accepted. If an extensive dental treatment is required the Financial Coordinator will work with you on a financial arrangement.

Signature of responsible party:______________________________
Relation :______________________________
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