

TODD R. TIBBS, D.D.S
Progressive Restorative Dentistry
1933 Jake Alexander Blvd. West, Ste. 203
Salisbury, NC 28147
(704) 633-1799

Patient's Name _____

_____ Date _____

Last _____ First _____ Middle _____
By what name would you like to be called? _____

Date of birth _____ Social Security Number _____

Address _____

City & State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation and Employer _____

Spouse's Name _____ Employer _____ Phone _____

If child – Parents' Names _____

If child – School _____

Referred to this office by _____

Do you have dental insurance? _____ Name of Insurance Company _____

Name and address of closest relative not living in the home:
_____ Phone _____

PERSON RESPONSIBLE FOR THIS ACCOUNT IF OTHER THAN YOURSELF

Name _____ Address _____

City&State _____ Zip Code _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

Employer _____

Employer Address _____

INSURANCE INFORMATION, PLEASE READ AND SIGN BELOW

The patient is directly responsible to us for this account. Some insurance companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is YOUR RESPONSIBILITY to pay any deductible amount, co-insurance or any other balance not paid by your insurance company. The agreement of the insurance company to pay for your dental care is a contract "between you and the company".

Signature _____ Date _____