

Dental Designs by Holst & Associates
401 East Robinson
Knoxville, IA 50138
(641) 828-8778



PATIENT INFORMATION

PERSONAL INFORMATION

Patient's Name _____
LAST FIRST MIDDLE

Patient's Address: Street, Apt # _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-mail _____ Name of Spouse or Parent if minor _____

Best way to contact you? Home Phone Cell Text Email

Social Security # _____ Date of Birth _____ Marital Status: Single Married
MONTH / DAY / YEAR

Employer _____ Occupation _____

Business Address: Street, Apt # _____ City _____ State _____ Zip _____

Preferred Pharmacy _____ Pharmacy Phone # _____

Previous Dentist _____ Referred By _____

Physician's Name _____ Physician's Phone # _____

Name of Emergency Contact _____ Phone # _____

Referred by: Radio Newspaper Phonebook Website Facebook Friends or Family _____

INSURANCE

1. Do you have insurance that may cover any part of our service? Yes No

Insurance Company _____ Policy # _____ Group # _____

Policy Holder's Name _____

Policy Holder's Employer _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____
MONTH / DAY / YEAR

Policy Holder's Address: Street, Apt # _____ City _____ State _____ Zip _____

2. Are you covered under more than one policy? Yes No

Insurance Company _____ Policy # _____ Group # _____

Policy Holder's Name _____

Policy Holder's Employer _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____
MONTH / DAY / YEAR

Policy Holder's Address: Street, Apt # _____ City _____ State _____ Zip _____

ASSIGNMENT

I hereby assign all dental benefits which I am entitled to Dental Designs. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Patient or Guardian Signature _____ Date _____