

**Dentkos Endodontics**  
16626 Pearl Rd. Strongsville, Ohio 44136  
Tel: 440-268-8445 Fax: 440-268-8443

**PATIENT INFORMATION**

(Dr., Mr., Mrs., Ms.) First name \_\_\_\_\_ Middle Initial \_\_\_\_ Last name \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ S.S. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Married \_\_\_ Divorced \_\_\_ Legally Separated \_\_\_ Widow \_\_\_ Single \_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel# \_\_\_\_\_ Work Tel# \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

General Dentist \_\_\_\_\_ Referred by \_\_\_\_\_ Physician \_\_\_\_\_

Employers Name \_\_\_\_\_ Emergency contact \_\_\_\_\_

**PRIMARY DENTAL INSURANCE COMPANY**

**SECONDARY DENTAL INSURANCE COMPANY**

Patient Relation to insured: \_\_\_ Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Other

Patient Relation to insured: \_\_\_ Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Other

Ins. Company Name \_\_\_\_\_

Ins. Company Name \_\_\_\_\_

Address of Ins. Co. \_\_\_\_\_

Address of Ins. Co. \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Name \_\_\_\_\_

Ins. Co. Tel# \_\_\_\_\_ Group policy # \_\_\_\_\_

Ins. Co. Tel# \_\_\_\_\_ Group policy # \_\_\_\_\_

Insurance I.D.# \_\_\_\_\_

Insurance I.D.# \_\_\_\_\_

To the best of my knowledge, all of the above information is correct. *I ACCEPT FULL RESPONSIBILITY FOR ALL THE TREATMENT PERFORMED AT THIS OFFICE.* I understand that payment is expected at the time services are rendered. I understand that insurance coverage is a contractual arrangement between my insurance company and myself. I understand that should my account become past due, I will be responsible for all fees, interest charges, late charges and all costs of collection including but not limited to, attorney's fees and court costs. My signature on this form authorizes the release of any information relating to claims filed on my behalf and also authorizes payment send directly to DENTKOS ENDODONTICS, LLC

**Signed: Responsible Party** \_\_\_\_\_ **Date:** \_\_\_\_\_