

Welcome to River Club Dental Care

10861 Tidewater Trail, Fredericksburg VA 22408 (540) 371-7684

Patient Information:

Name: First _____ Last _____ Middle Initial: _____

Address: _____ City: _____ State/Zip _____ - _____

Home Phone Number: _____ Cell Phone (preferred #): _____

***** Please keep in mind we kindly ask you confirm your appointments via text message or email; we no longer call to confirm appointments.**

E-mail: _____ I would like to receive correspondence via e-mail

Sex: Male Female

Marital Status: Married Single Divorced Separated Widowed

Birth Date: _____ Age: _____ Soc Sec: _____ Driver's Lic: _____

Employment Status: Full Time Part Time Retired Student Status: Full Time Part Time

**Referred By: _____ Previous Dentist: _____ Emergency Contact: _____

(How did you hear about our office)

Emergency Contact #: _____

Name of Employer: _____

Responsible Party (if different from above):

Name: _____ Relationship to Patient: _____ DOB: _____

Address (if different from above): _____ State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Soc Sec #: _____ Driver's Lic: _____

Employer: _____ Address: _____

Primary Insurance Policy Holder:

Name: First _____ Last _____ Phone: _____

Date of Birth: _____ Address: _____ State/Zip: _____

Insurance Company: _____ Employer: _____

ID# or Soc Sec: _____ Relationship to Patient: _____ Alt Phone #: _____