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Hall Family Dentistry LLC
get ready to smile!

161 12th Ave W Suite C
PO Box 961
Guin, AL 35563

Welcome! Thank you for choosing us for your dental care.
**Please take a moment to fill out this form completely.**

## About you

Name_____ Legal Name (if different)_____
Mail address_____City_____State_____Zip_____
Home Street Address_____
Home #_____Work #_____Cell#_____
Email_____Best time to reach you_____
Birthdate_____SS#_____DL#_____
Sex _____ FT Student?_____ Where?_____

Employer_____ Occupation_____
Employer Address_____

Marital Status_____Spouse Name_____Spouse SS#_____
May we share dental/financial info with spouse? _____
Spouse Employer_____Work#_____
Spouse Birth date_____ Who referred you?_____
Please list all people that you give us permission to share your dental/health/financial records with:
_____
_____

## Responsible Party

Person responsible for account_____
Relationship_____
Billing address_____City_____State_____Zip_____
Work#_____Home#_____
SS#_____DL#_____

## Dental Insurance

**Primary**
Insurance Co._____
Address_____
_____
Contract#_____
Tel #_____Group#_____

Insured's Name_____
Relation_____
Insured's Address_____
_____
Insured's Birthday_____SS#_____
Insured's Employer_____
Insurance ID#_____

**Secondary**
Insurance Co._____
Address_____
_____
Contract#_____
Tel #_____Group#_____

Insured's Name_____
Relation_____
Insured's Address_____
_____
Insured's Birthday_____SS#_____
Insured's Employer_____
Insurance ID#_____