



Future Dental Care
3752 Florence Street
Redwood City, CA 94063
(650) 780-9429

New Patient Information
Please Print Legibly

Patient Name _____
Patient Date of Birth _____
Patient Social Security Number _____ - _____ - _____
Patient Home Address • City • ZIP Code _____

Patient Home Telephone Number _____
Patient Email Address _____
Patient Is Single • Married • Divorced
Relationship of Patient To Insurance Policy Holder (Self • Spouse • Child)

Policy Holder Name (If Different From Above) _____
Policy Holder Social Security Number (If Different From Above) _____ - _____ - _____
Policy Holder Date of Birth (If Different From Above) _____

Policy Holder Employer _____
Employer Address _____
Employer Telephone Number _____

Insurance Company Name _____
Group Number _____

Office Use Only

Effective Policy Date _____
Maximum Policy Per Calendar Year \$ _____
Personal Deductible \$ _____
Family Deductible \$ _____

Exam _____	6M / 12M / YEAR	Prophy _____	6M / 12M / YEAR
FMX _____	3Y / 5Y	BWX _____	6M / 12M / YEAR / 18M
Preventive% _____	Basic% _____	Major% _____	Crowns% _____
RCT% _____	Perio% _____	Oral Surgery% _____	

Sealants on Molars/Bicuspid up to age _____
Fluoride Treatments up to age _____
Ortho Maximum \$ _____ to age _____
Prior Extractions Covered Yes / No
Crown Replacements Allowed Every _____ Years
Denture Replacement Allowed Every _____ Years