Granite Dental
Dr. David Keller
215 NW 78th Street
Vancouver, WA
98665 360.693.2577

Patient Information

Date:_____

Patient's name_____
Last First Middle Initial Nickname/Preferred Name

Residence _____
Street City Zip

Mailing Address_____
Street City Zip

How long at this address?_____ Home phone_____ Work phone

Previous Address (If less than 3 years) _____

Cell Phone_____ Birth date: _____ Social Security # _____

Email Address_____ Marital Status: Single__ Married__ Widowed__ Separated__ Divorced___

Spouse's Name_____

Employer_____ Occupation_____ No. years employed_____

Work Phone _____

Whom may we thank for referring you to our office?_____

DENTAL INSURANCE INFORMATION

Insured's Name_____ DOB:_____ Insured's SSN # _____

Insurance Company_____ Group No._____ ID # _____

Insurance Co. Address_____ Phone No. _____

Do you have dual coverage? Yes____ No____ If yes:

Insured's Name_____ DOB:_____ Insured's SSN # _____

Insurance Company_____ Group No._____ ID # _____

Insurance Co. Address_____ Phone No. _____

EMERGENCY INFORMATION

Name of Emergency contact: _____

Phone number for emergency contact: _____

Patient Signature: _____ Date: _____