



Thank you for visiting Beautiful Smiles, the office of Dr. David W. Goris, DDS. We want your visit to be pleasant and comfortable. Please help us by completing the front and back of this form.

Patient Information

First Name, Last Name, Preferred Name, Address, City, State & Zip, Home Phone #, Work Phone #, Cell Phone #, Is this your preferred method to be reached?, E-mail, Is this your preferred method to be reached?, Gender, Date of Birth, Social Security #, Emergency Contact Name, Cell Phone #, How did you hear about us?

Primary Insurance Information

Name of Insured, Relationship to Insured, Insured Soc. Sec. #, Insured Date of Birth, Employer, Insured Member #, Group #, Insurance Company, Insurance Co. Phone #

Secondary Insurance Information

Name of Insured, Relationship to Insured, Insured Soc. Sec. #, Insured Date of Birth, Employer, Insured Member #, Group #, Insurance Company, Insurance Co. Phone #

Family Information

Spouse/Significant Other Name, Phone #, Children's Name and Ages, Would you like to schedule an appointment for any other family member?

Medical Information

Are you under a physician's care now?, Doctor's Name, Doctor's Phone #, Have you ever been hospitalized or had major surgery?, If Yes, Explain, Have you ever had a serious head or neck injury?, If Yes, Explain, Are you taking any medications, pills or drugs?, If Yes, List, Do you use controlled substances?, If Yes, Explain, Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?