



DENTISTRY **BY** DESIGN

Welcome to our Office

Dr. Fred Slete | Dr. A.J. Balaze

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Legal Name _____

Middle Initial _____

Preferred First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employed By _____ Present Position _____

How Long? _____ Business Phone _____

Your Social Security # _____ Your Driver's License # _____

Dental Insurance Co. _____ Member ID# _____

Person Responsible for this Account _____

**Who May We Thank for Referring You? _____ **

ADDITIONAL INFORMATION

Name of Spouse _____ Spouse's Birthdate _____

Spouse's Social Security # _____

Spouse Employed By _____ Present Position _____

How Long? _____ Business Phone _____

Dental Insurance Company _____ Member ID # _____

Nearest Relative Not Living with You _____ Phone # _____