smile FLOSS care
HINTZ
BRUSH FAMILY DENTISTRY
est. 2008

309 N Ankeny Blvd
Ankeny, Iowa 50023
Phone: (515) 965-1653
Fax: (515) 965-2491

Patient Information:

Patient's Name: _____ Date of Birth: ___/____/_____ Sex: M ___ F ___
Social Security Number: _____-_____-_____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: (____)_____ Cell Number: (____)_____
Permission to receive Text Messages? Yes ___No___ Permission to leave Voicemail? Yes ___No____
Occupation: _____ Employer: _____ Work Number: (____)_____
Email address: _____
Marital Status: Please check one
Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
Are you a full time student? Yes___ No ___ School: _____

Spouse information/Parent or guardian (if patient is minor)

Name: _____
Employer: _____
Social Security Number: _____
Date of birth: _____

EMERGENCY CONTACT INFORMATION –

Name: _____ Phone Number (____)_____
Relationship: _____

How did you hear about us: _____

Dental Insurance Information (Primary Carrier)
Insured's Name _____
Insurance Co. _____
Insured's Employer _____
Insured's Soc Sec # _____ DOB _____
Insurance ID # _____
Group # _____

If you have double insurance coverage, complete this for the second coverage
Insured's Name _____
Insurance Co. _____
Insured's Employer _____
Insured's Soc Sec # _____ DOB _____
Group # _____
