

WILLIAMSBURG SMILES

400 Elm Street, Williamsburg, IA,
USA

(319) 668-1221



Patient Information

Basic Information

Patient First Name _____

Patient Middle Initial _____

Patient Last Name _____

Patient Preferred Name _____

Patient Birth Date _____

Patient Gender

Male,

Female,

Decline,

Other,

Patient SSN _____

Referral

Family/Friend's Name: _____

Patient Picture



Office Use Only
Please attach

Patient Driver's License



Office Use Only
Please attach

Contact Information

Employer

Cell Phone

Home Phone

Work Phone

Ok to send text reminders?

Yes

No

Email

Ok to send email reminders?

Yes

No

Address

Address 1

Address 2

City

State / Province

Zip Code / Postal Code

I authorize Williamsburg Smiles to share my information with the following people.

Emergency Contact

Relationship to patient

Emergency Contact Phone

Responsible Party Information

Are you the responsible party on your account?

- Yes
- No

Relationship to patient _____

Guardian First Name _____

Guardian Middle Initial _____

Guardian Last Name _____

Guardian Preferred Name _____

Guardian Birth Date _____

Employer _____

Cell Phone _____

Home Phone _____

Work Phone _____

Ok to send text reminders?

- Yes
- No

Email _____

Ok to send email reminders?

- Yes
- No