



GREG GREENBERG D.D.S.

ORTHODONTICS ■ ORTHOPEDICS

8510 Abrams Rd. ■ Suite 508 ■ Dallas, Texas ■ 75243

214-503-0060 ■ Fax 214-503-0023

www.rxsmile.com ■ Member American Association of Orthodontists



NP Number _____

Patient Number _____

DATE _____

PATIENT INFORMATION

Name _____ Nickname _____ Birthday _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

School _____ Dentist _____ Physician _____

Hobbies _____ Email _____

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

RESPONSIBLE PARTY INFORMATION

SELF or FATHER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Birthday _____ Age _____ Sex _____ Marital Status _____

SSN _____ — —

Relationship to patient _____

Occupation _____

Employer _____ Years employed _____

Employer Address _____

INSURANCE INFORMATION

Orthodontic Coverage? _____ Yes _____ No

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ extension _____

Group # _____

MOTHER or SPOUSE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Birthday _____ Age _____ Sex _____ Marital Status _____

SSN _____ — —

Relationship to patient _____

Occupation _____

Employer _____ Years employed _____

Employer Address _____

INSURANCE INFORMATION

Orthodontic Coverage? _____ Yes _____ No

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ extension _____

Group # _____

Signature (Parent or Guardian signature if minor) _____ Date _____

I hereby authorize the release of any treatment information, assign insurance benefits directly to the above named dentist, otherwise payable to me and give Greg Greenberg, D.D.S., permission to obtain my credit history for the sole purpose of financing orthodontic treatment provided by this office.