



Welcome To Our Practice

Dr. Craig B. Lashley, D.D.S., P.A.

Dr. Rebecca Twietmeyer, D.D.S.

Patient Information

Mr. Mrs. Ms. Dr. Single Married

First Name _____ M.I. _____ Last Name _____ Nickname _____

Male/ Female _____ D/O/B _____ SSN _____ Driver's Lic. # _____

Street _____ City _____ State _____ Zip _____

Home Tel.() _____ Cell() _____ Email _____

Employer _____ Bus. Tel.() _____

Patient Student Status: Full Time Part Time None School Name _____
(City, State, Zip)

Who will be responsible for this account? Self Spouse Father Mother Other _____
(If self, skip to next section)

First Name _____ Last Name _____ SSN _____ D/O/B _____

Street _____ City _____ State _____ Zip _____

Employer _____ Bus. Tel.() _____ Alt. Tel.() _____

Full Time Part Time Self Retired

Have you or a **member of your household** been seen in our practice? No Yes, If yes whom? _____

Primary Dental Insurance Information

Policy Holder's Name _____ D/O/B _____ SSN or ID# _____

Relationship to Patient Self Spouse Child Other Married Divorced Separated Widow Single

Employer Name _____ Policy Group Number _____

Insurance Carrier Name, Address & Tel. _____

Insured's Address/ Phone (if different from above) _____

Secondary Dental Insurance Information

Policy Holder's Name _____ D/O/B _____ SSN or ID# _____

Employer Name _____ Policy Group Number _____

Insurance Carrier Name, Address & Tel. _____

Insured's Address/ Phone (if different from above) _____

Person to Contact in Case of Emergency: (not within same household)

Name of Emergency Contact _____ Tel. () _____

(Please complete other side)