

**DURBIN DENTAL**  
Derek Durbin, D.M.D  
610 North Miles St.  
Elizabethtown, KY 42701 (270)763-6604  
[www.durbindental.com](http://www.durbindental.com)

**Welcome!** Thank you for selecting our dental healthcare team.

We will strive to provide you with the best possible dental care. To help us meet all your dental care needs, please fill out this form completely. If you have any questions, or need assistance, please ask us-we will be happy to help.

**PATIENT INFORMATION**

Date: \_\_\_\_\_  
Name: Mr. Mrs. Dr. Ms. First: \_\_\_\_\_ Last: \_\_\_\_\_  
Social Security#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Best way to reach you during the day? \_\_\_\_\_  
Check Appropriate Category: \_\_\_\_\_ Minor \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Student  
If Student, \_\_\_ FT \_\_\_ PT Name of School/College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
If Minor, Parent or Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
  
Patient's or Parents' Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
  
How did you hear about us? \_\_\_\_\_  
What is the best time for your appointments? Days: \_\_\_\_\_ Times: \_\_\_\_\_  
  
Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**RESPONSIBLE PARTY**

Name of Person Responsible for This Account: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security#: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is This Person Currently a Patient in Our Office? \_\_\_ Yes \_\_\_ No

**DENTAL BENEFIT INFORMATION**

Name of Insured: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Insurance Company Phone #: \_\_\_\_\_