Gregory Palmer, D.M.D.
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Houston, Texas 77025
713-375-1777
www.gpdmd.com

Date: _____

Personal Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name: _____

Preferred Name: _____ Age: _____ DOB: _____ ☐ Male ☐ Female

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

☐Single ☐Married ☐Separated ☐Divorced ☐Widowed Social Security Number: _____

Phone: Home _____ Cell _____ Best way to contact you: _____

Occupation:_____Employer:_____

Whom may we thank for referring you? _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Phone: Cell _____ Work _____ Home _____

Dental Insurance

Person responsible for this account: _____ Relationship to patient: _____

Primary Insurance Company: _____ Group number: _____

If Policy Holder is different than patient:
Policy holder's name: _____Policy holder's date of birth: _____

Policy holder's address:_____ Policy holder's phone number:_____

Policy holder's social security number: _____ Relationship to patient:_____

Is patient covered by additional insurance: Yes ☐ No ☐

Secondary Insurance Company: _____ Group number: _____

If Policy Holder is different than patient:
Policy holder's name: _____Policy holder's date of birth: _____

Policy holder's address:_____ Policy holder's phone number:_____

Policy holder's social security number: _____ Relationship to patient:_____