Lakeshore Endodontics, L.L.C.

Dear Patient:

Thank you for choosing us as your endodontic specialist. The confidence you express is appreciated.

We will make every effort to make you comfortable, using every modern technique available and try to answer any questions you may have.

Finally, you will find that our office has a great deal of respect for your time. We thank you for being on time for your appointment and will do our best to see you at your appointed time.

Thank you,
Dr. Harmon and Staff

Patient Information

Date_____Evening Phone(_____)_____Cell Phone(____)_____

Name_____Soc. Sec. #_____
(last name) (first name) (initial)

Address_____

City_____State_____Zip_____

Email_____

Sex __M__F Age_____ Birthdate_____ ___Single ___Married ___Widowed ___Separated

Person Responsible for Bill_____Relation to Patient_____

Responsible Person Address_____Phone Number_____

Employer of Responsible Person_____Employer's Phone (_____)_____

In case of emergency who should we notify_____Phone(_____)_____

Referred by_____

Insurance Information

Primary Insurance:

Name of Insured_____
(last name) (first name)

Relation to Patient_____Birthdate_____Soc. Sec. #_____

Address (if different from above)_____Phone(____)_____

City_____State_____Zip_____

Name of Employer_____Occupation_____

Business Address_____Business Phone(____)_____

Insurance Company_____Group #_____Policy I.D.#_____

Secondary Insurance:

Name of Insured_____
(last name) (first name)

Relation to Patient_____Birthdate_____Soc. Sec. #_____

Address (if different from above)_____Phone(____)_____

City_____State_____Zip_____

Name of Employer)_____Occupation_____

Business Address_____Business Phone(_____)_____

Insurance Company_____Group #_____Policy I.D.#_____