



Vest Implant & Periodontal Center

The gum care & dental implant specialist doctors trust

Richard N. Vest, Jr., D.D.S., P.C.

Member of

The Dental Health Centres

1310 Alford Avenue
Birmingham, Alabama 35226
205-823-3461
Fax: 205-978-3752
Toll-Free 866-768-3785

Patient Name: _____ Sex: _____ Age: _____ Birthdate: _____

Address: _____

(City) _____ (State) _____ (Zip) _____ Home Phone () _____

Cell Phone: _____

*If patient is a dependent, please fill out with parent/guardian information.

E-mail: _____

Employed By: _____ Business Phone: _____

Occupation: _____

Spouse Employed By: _____ Business Phone: _____

MARRIED () SINGLE () WIDOW () DIVORCED () SEPARATED ()

Given Name of Patient's Husband, Wife or Parent: _____

Responsible Party: _____ Home No. _____ Work No. _____

Name of nearest living relative or friend: _____ Home No. _____

Patient Referred by: _____ Phone No. _____

Dental Ins: Yes _____ No _____ If yes, please complete section below.

Patient's Driver's License # and State Issued _____

INSURANCE INFORMATION

Please provide all necessary information.

Primary Carrier: _____ Employee/Subscriber _____

Employed by: _____ Group No. _____ Phone No. _____

Contract No. _____ Relationship to Insured: Self () Spouse () Child ()

DOB/Subscriber: _____

Phone No. of Carrier: _____ Employee S.S.# if required by Ins. _____

Secondary Carrier: _____ Employee/Subscriber _____

Employed by: _____ Group No. _____ Phone No. _____

Contract No. _____ Relationship to Insured: Self () Spouse () Child ()

DOB/Subscriber: _____

Phone No. of Carrier: _____ Employee S.S.# if required by Ins. _____

(CONTINUED ON THIRD PAGE) OUR INSURANCE RELEASE FORM MUST BE SIGNED IN ORDER FOR OUR OFFICE TO FILE YOUR INSURANCE.

PATIENT INFORMATION FORM