



Gregory C. Dilger D.D.S.

Microscopically Assisted Dentistry

1353 Edgewater St.
Salem, OR 97304
(503) 378-0466

Date _____

WELCOME TO OUR PRACTICE

We are pleased and honored that you have chosen our office to help you with your Dental care.

We are trained to treat the area in the mouth, the gateway to your body. Our purpose is to assist you in achieving the level of good oral health that you desire. The information asked for in this questionnaire will help us take better care of you. Thank you for your help.

Personal Information

PATIENT NAME		Male	DATE OF BIRTH	HOW DO YOU WISH TO BE ADDRESSED?
		Female		
HOME ADDRESS		City	Zip	HOME PHONE
				SS#
WHERE CAN WE REACH YOU DURING THE DAY?		WHAT TIME IS THE BEST TIME TO REACH YOU?		PHONE NUMBER
Single	Married	WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?		
Widowed	Divorced			

RESPONSIBLE PARTY INFORMATION

RESPONSIBLE PARTY	RELATIONSHIP TO THE PATIENT		
HOME ADDRESS (IF DIFFERENT)	HOME PHONE	SS#	
EMPLOYER			
EMPLOYER ADDRESS	EMPLOYER PHONE	OCCUPATION	
SPOUSE			
EMPLOYER			
EMPLOYER ADDRESS	EMPLOYER PHONE	OCCUPATION	

INSURANCE INFORMATION

For your convenience, we will bill out and mail your insurance forms for you. To avoid any misunderstanding, all professional services are charged directly to the patient and the patient and/or the responsible guardian are personally responsible for payment of fees. We do not render service on the basis that insurance companies will pay our fee. Each fee is individual for the patient being treated.

DENTAL INSURANCE CO.	ADDRESS		
NAME OF POLICYHOLDER	SS#	GROUP #	
SECOND DENTAL INS. CO.	ADDRESS		
SECOND POLICY HOLDER	SS#	GROUP #	

Adult Registration