



McMillen Dental

106 McMillen Drive
Newark, Ohio 43055
740-344-1171

New Patient Information, please fill out below:

Date: _____ Name: _____ Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____ DOB: _____
SSN: _____ Driver's License #: _____ Email: _____
Home Phone #: _____ Cell Phone #: _____
Married: _____ Single: _____ Divorced: _____ Widowed: _____
Female: _____ Male: _____

Person Responsible for Account, unless same information as above:

Date: _____ Name: _____ Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____ DOB: _____
SSN: _____ Driver's License #: _____ Email: _____
Home Phone #: _____ Cell Phone #: _____

Getting to know you:

Referred to us by: _____ Occupation: _____
Employer: _____ Business phone #: _____
Is another member of your family or relative a patient at our office? Name _____

Person to contact for an emergency: Name: _____ Phone #: _____
Address: _____ City: _____ State: _____
Closest Relative NOT living with you: Name: _____ Phone #: _____
Address: _____ City: _____ State: _____

Dental Insurance Information: *if you have your insurance card with you please give to Receptionist to make a copy. If you were NOT provided with a dental insurance card and still carry dental insurance, please fill out the information below:

Primary Insurance:

Insurance Company: _____ Phone #: _____
Employer: _____ Employee DOB: _____ SSN: _____

Secondary Insurance:

Insurance Company: _____ Phone #: _____
Employer: _____ Employee DOB: _____ SSN: _____