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[www.thamesorthodontics.com](http://www.thamesorthodontics.com)

### Patient Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street City Zip Home

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Patient's General Dentist \_\_\_\_\_ Last Visited \_\_\_\_\_

E-mail for confirmation of your appointments \_\_\_\_\_

How did you hear about our office? Friend \_\_\_\_\_ Dentist Referral Online Phonebook Other \_\_\_\_\_

Are there other family members who already see us? \_\_\_\_\_

### Responsible Party Information

#### Father

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_  
First M Last

Address: \_\_\_\_\_ Number of years at current address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years of employment: \_\_\_\_\_

#### Mother

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_  
First M Last

Address: \_\_\_\_\_ Number of years at current address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years of employment: \_\_\_\_\_

### Insurance

Do you have Orthodontic Insurance? Yes No **PLEASE HAVE YOUR CARD AVAILABLE FOR FRONT DESK CLERK**

**IF YES:** Primary Insurance Company Name: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Member/Contract/Policy ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Policy Holder's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**Please Complete Opposite Side**

