Ellensburg Elite Dentures **509.201.1051**

Patient Demographics

Name____

Last First Middle Initial

Address____

Street Address City State Zip

Cell Phone_________________________ Home__________________________

Email_____________________________

DOB____/____/____ Age_____Sex______

Emergency Contact ____

Name Phone Number¶

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How did you hear about us?____

Who is your primary Dr.?____

Who is your primary Dentist?____

Do you have Medical or Dental Insurance? YES NO

Insurance Provider

Primary Medical Insurance____

Primary Dental Insurance____

Secondary Insurance____

For Office Use Only:

Dx: CPT: