



**LONE PEAK DENTAL**  
M. Sean Lorscheider DMD

Welcome to Lone Peak Dental! Please take a moment to fill out this form as complete as you are able. If you have any questions we would be happy to assist you. We look forward to working with you in maintaining your oral health.

**STEP 1 PATIENT INFORMATION**

If this appointment is for **YOU**, please start here:

If this appointment is for your **CHILD**, please start here:

<p style="text-align: right;">_____ Today's Date</p> <p>Name _____ Sex _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone # _____ # _____</p> <p>Email Address _____</p> <p>Driver License# _____ Birthdate _____ SS# _____</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>	<p style="text-align: right;">_____ Today's Date</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # <input type="checkbox"/> Home or <input type="checkbox"/> Cell Birthdate _____ Age _____</p> <p>School _____ Grade _____</p>
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**STEP 2 PRIMARY INSURANCE INFORMATION**

\_\_\_\_\_  
Group #  SECONDARY INSURANCE

\_\_\_\_\_  
Dental Insurance Company Phone # \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code \_\_\_\_\_

\_\_\_\_\_  
Employer Phone # \_\_\_\_\_

\_\_\_\_\_  
Insured Employee Name Birthdate \_\_\_\_\_

\_\_\_\_\_  
Date Employed Insured Employee SS# \_\_\_\_\_

**STEP 3 PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT**

\_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip \_\_\_\_\_

\_\_\_\_\_  
Home Phone # Cell Phone # Work Phone # Ext. \_\_\_\_\_

\_\_\_\_\_  
SS# Driver License # \_\_\_\_\_

\_\_\_\_\_  
Employer Work Address \_\_\_\_\_

\_\_\_\_\_  
Spouse's Name Employer \_\_\_\_\_

\_\_\_\_\_  
Work Address Work Phone # \_\_\_\_\_

