



Frances H. Yankie, D.D.S.

Welcome to our practice! At Frances H. Yankie, D.D.S we are committed to providing the highest standard of care while treating your dental needs. We strive to understand your needs, tailor treatment specifically to each individual patient, and to exceed expectations.

Today's date _____

PATIENT INFORMATION

Patient Name _____ Preferred Name _____ DOB _____
Address _____ City _____ State _____ Zip _____
Male/ Female _____ Married _____ Single _____ Divorced _____ Child _____ Cell/Home phone _____
Email for appt. reminder _____ Referred By _____
Insurance Company _____ **Internet** _____ **Flyer** _____ **Other** _____

FINANCIALLY RESPONSIBLE PARTY

Name _____ Married _____ Single _____ Divorced _____
Mailing Address _____
Cell/Home _____ Work _____ Preferred# _____
DOB _____ Relationship to Patient _____ Employer _____
SSN _____ Driver's License # _____ Email _____
Address _____

Spouse/Other _____ Mailing
Address _____
Cell/Home _____ Work _____ Preferred# _____
DOB _____ Relationship to Patient _____
Employer _____

EMERGENCY/ALTERNATE CONTACT INFORMATION

Name _____ Relationship _____ Phone number _____