

Larry D. Herwig D.D.S.

8226 Douglas Ave #750

Dallas TX 75225

(214)361-1845

Patient Information

Please take a moment to enter or update your information to help us ensure the quality of your care is excellent.

Chart #:

FOR OFFICE USE ONLY

Patient Name:
Last First MI Preferred Name

Title: Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: Prev. Visit: Email Address:

Phone: Best time to call:
Home Work Ext Mobile

Address:

City State Zip Code

Preferred appointment times:

Mon Tue Wed Thur Fri Sat
 Morning Afternoon Evening Any time

Whom may we thank for referring you to our practice?

Dental Office Yellow Pages Internet Newspaper
 School Work Other (name below):

Name of person, office, or other source referring you to our practice:

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Spouse or Responsible Party Information

The following is for: the patient's spouse the person responsible for payment neither-not applicable

Name:
Last First MI Preferred Name

Title: Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: Email Address:

Phone: Best time to call:
Home Work Ext Mobile

Address:

City State Zip Code

Employment Information

The following is for: the patient the person responsible for payment

Employer Name: Phone:

Address:

City State Zip Code

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Primary Insurance Information

Primary Dental Insurance:

Name of Insured:
Last First MI

Insured's Birth Date: ID #: Group #:

Insured's Address:

City State Zip Code

Insured's Employer Name:

Employer Address:

City State Zip Code

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name:

Insurance Address:

City State Zip Code

Primary Medical Insurance:

Name of Insured:
Last First MI

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name: