



**LAWSON**  
family dental

2395 Troop Drive, Suite #101 | Sartell, Minnesota 56377  
320.252.6191 | www.lawsonfamilydental.com

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## Patient Information

Patient Name \_\_\_\_\_ Sex \_\_\_\_\_  
*Last First Middle*

Birth Date \_\_\_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip*

E-mail \_\_\_\_\_ Employer \_\_\_\_\_

Previous Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last Visit \_\_\_\_\_

## Insurance Information

Name of Dental Insurance \_\_\_\_\_ Address \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Policy Holder's Address *(If different from patient)* \_\_\_\_\_

Policy Holder's Employer *(If different from patient)* \_\_\_\_\_

Whom may we thank for this referral? \_\_\_\_\_