



2571 ANTHEM VILLAGE DRIVE SUITE 5  
 HENDERSON, NEVADA 89052  
**702.454.7704**

Todd W. Newton, D.D.S.  
 Corry L. Timpson, D.D.S.  
 Robert W. Nisson, D.D.S.

**PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

SOC. SEC # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_  
 \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

HOME TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYER TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PARENT/SPOUSE NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MEDICAL PHYSICIAN OF ABOVE PATIENT \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

PREVIOUS DENTIST \_\_\_\_\_  
 (NAME) (ADDRESS)

TELEPHONE # \_\_\_\_\_

\*\* EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_  
 (NEAREST RELATIVE NOT LIVING WITH YOU)

**RESPONSIBLE PARTY (IF NOT ABOVE PATIENT)**

WHO IS RESPONSIBLE FOR THIS ACCOUNT? \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_  
 (STATE) (EXPIRATION)

HOME ADDRESS \_\_\_\_\_  
 (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? \_\_\_\_\_  
 EXAMPLE: (PHONE BOOK, LOCATION, FRIEND)