## DANIEL N. MINCHIK, D.D.S.

148 EAST AVENUE - SUITE 2B NORWALK, CT 06851

## PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

IF THIS APPOINTMENT IS FOR YOU, START HERE				DENTAL INSURANCE		
DATE				PRIMARY CARRIER		
NAME				INSURANCE COMPANY		
SPOUSE				GROUP #		
ADDRESS				EMPLOYEE		
CITY	STATE ZIP			DATE OF BIRTH		
HOME PHONE # OTHER		THER	. •	EMPLOYEE SOCIAL SECURITY #		
CELL PHONE #				EMPLOYER		
BIRTHDATE	AGE	MALE	FEMALE	EMPLOYER ADDRESS		
-MAIL ADDRESS		SINGLE	MARRIED	EMPLOYER PHONE #		
SOCIAL SECURITY#				SECONDARY CARRIER		
DRIVER'S LICENSE#				INSURANCE COMPANY		
IF THIS APPOINTMENT IS FOR YOUR CHILD START HERE				GROUP #		
NAME				EMPLOYEE		
ADDRESS				DATE OF BIRTH		
				EMPLOYEE SOCIAL SECURITY #		
				EMPLOYER		
HOME PHONE #						
BIRTHDATE AGE MALE FEMAL		FEMALE	EMPLOYER ADDRESS			
SOCIAL SECURITY#				EMPLOYER PHONE #		
IF YOUR CHILD'S LAST NAME AND/OR ADDRESS ARE NOT THE SAME AS YOURS, FILL IN THE TOP BOX ALSO				ACCOUNT INFORMATION		
THE SAME AS TOURS, FIL	LINITE	TOP BOX ALG		PERSON FINANCIALLY RESPONSIBLE	FOR ACCOUNT	
GETTING TO KNOW YOU				NAME		
IS ANOTHER MEMBER OF YOUR FAMILY OR RELATIVE A PATIENT AT OUR OFFICE?				RELATIONSHIP TO PATIENT		
YES NO				ADDRESS		
REFERRED TO US BY				CITY STATE	ZíP	
PERSON TO CONTACT FOR EMERGENCY				PHONE#		
PHONE #				YOU		
ADDRESS				OCCUPATION		
CITY STATE ZIP			EMPLOYER			
Reorder #12000-05 Affordable Solutions, LLC					CITY	
				BUSINESS PHONE #	EXT.	
				DUGINEGG FITOITE #		