

James A. Bedor, D.D.S., F.C.  
Corinne L. McIntyre-Miller, D.D.S.



Dentistry for Adults and Children

TELE: 248 698 8330 FAX: 248 698 8333

WEB: bedordental.com EMAIL: bedordds@sbcglobal.net

## 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 time:

Mon  Tue  Wed  Thur  Fri  Sat  
 Morning  Afternoon  Evening  Anytime

### Whom may we thank for referring you to our place?

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

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

## PRIMARY INSURANCE INFORMATION

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 Plan Phone:

Employer Address:   
    
City State Zip Code

### SECONDARY INSURANCE INFORMATION

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 Plan Phone:

Employer Address:   
    
City State Zip Code