David J. Harnick DDS, MSD
8631 Golf Course NW, Ste F
Albuquerque, NM 87114
(505) 831-1600

HARNICK Orthodontics

WELCOME TO OUR OFFICE

Date _____

NAME _____ ❑ **Male** ❑ **Female**
First **M.I.** **Last**

Nickname (optional) _____ **Date of Birth** _____ **Age** _____ **Mr. Mrs. Ms. Miss Dr.**

Address _____ **City** _____ **State** _____ **Zip Code** _____

Phone # _____ **Daytime Phone # to confirm appts.#** _____ **Ask for** _____

Name of Spouse _____

Whom may we thank for referring you? (Dentist &/or Friend) _____

Name of friend or relative not living with you _____ **Phone #** _____

Name & ages of children _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-mail (Strictly Confidential) _____

PRIMARY PERSON RESPONSIBLE FOR ACCOUNT

Special Interests/Hobbies _____

Name _____ **Relationship** _____ **Phone #** _____
First **M.I.** **Last**

Address _____ **City** _____ **State** _____ **Zip Code** _____

Social Security ID# (for Ins.) _____ **Drivers License #** _____ **Birthdate** _____

Employer's Name _____ **Phone #** _____ **Occupation** _____

Position _____ **Length of Employment** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Does your employer provide orthodontic insurance plan? ❑ **Yes** ❑ **No**
if yes: Name of Insurance Company _____ **Phone #** _____

Address _____

Local # _____ **Group #** _____ **Policy and/or ID#** _____

Other Orthodontic Insurance Coverage? ❑ Yes ❑ No

Name _____ **Relationship** _____ **Phone #** _____
First **M.I.** **Last**

Address _____ **City** _____ **State** _____ **Zip Code** _____

Social Security # (for Ins.) _____ **Drivers License #** _____ **Birthdate** _____

Employer's Name _____ **Phone #** _____ **Occupation** _____

Position _____ **Length of Employment** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Name of Insurance Company _____ **Phone #** _____

Address _____

Local # _____ **Group #** _____ **Policy and/or ID#** _____

PLEASE COMPLETE MEDICAL HISTORY ON BACK ⟶ **-OVER-**