



Varble Orthodontics

Zachary L. Varble DMD, MSD

Patient's Information

Patient's Full Name: _____ Name you like to be called: _____
 Date of Birth: _____ Gender (circle one): Male / Female
 Patient's Address: _____
 Primary Phone: _____ Secondary #: _____ Email: _____
 Place of employment or school and grade: _____ Hobbies: _____
 Emergency Contact's Name: _____ Relationship: _____ Phone #: _____

Person Responsible for Account

Full Name: _____ Relationship to patient: _____
 Date of Birth: _____ Social Security No.: _____
 Home Address: _____
 Primary Phone: _____ Secondary Phone: _____
 Employer: _____ Occupation: _____ Years at Employer: _____

Name of Secondary: _____ Relationship to patient: _____
 Date of Birth: _____ Social Security No.: _____
 Home Address: _____
 Primary Phone: _____ Secondary Phone: _____
 Employer: _____ Occupation: _____ Years at Employer: _____

Insurance Information

Dental Insurance (name and address): _____
 Dental Insurance Phone # (provider's line): _____ Group # _____
 Name of Subscriber/Policy Holder: _____ Relationship to Patient: _____
 Identification #: _____ Subscriber/Policy Holder DOB: _____ SSN#: _____

Secondary Dental Insurance (name and address): _____
 Dental Insurance Phone # (provider's line): _____ Group # _____
 Name of Subscriber/Policy Holder: _____ Relationship to Patient: _____
 Identification #: _____ Subscriber/Policy Holder DOB: _____ SSN#: _____

Release

I authorize Dr. Zachary L. Varble and his orthodontic staff to perform diagnostic procedures and treatment as may be necessary for proper orthodontic care.

I authorize release of any information concerning my (or my child's) health care for advice and treatment provided for evaluation and administering claims for insurance benefits.

I authorize release of any information concerning my (or my child's) health care for advice treatment to interdisciplinary team members.

I authorize the taking of photographs and other diagnostic records before, during and after treatment.

Date: _____ Patient or Guardian's Signature: _____