



General & Cosmetic Dentistry

Deric A. Lembree, D.D.S., P.L.C.
16979 Farmington Rd.
Livonia, MI 48154
(734) 525-6100
www.drlembree.com

Welcome To Our Practice! To better serve your dental needs please fill out the following information completely.

Patients Name: _____ **D.O.B.** _____
Address: _____ **City:** _____ **Zip:** _____
How Long at Present Address: _____ **Phone #** _____
Work # _____ **Cell/Alternate #** _____
E-mail Address: _____
If patient is a minor, parent/guardian's name: _____

Employer: _____ **How long?** _____
City Employer is located: _____ **Phone Number:** _____

Social Security Number: _____ **Drivers License Number:** _____

Do you have insurance? _____
How do you intend to pay? _____ **Cash** _____ **Check** _____ **Credit Card**

Insurance Company Name and Address: _____

Person Your Insurance is Under: _____ **Their D.O.B.:** _____
Employer your Insurance is Under: _____

Spouses Name: _____ **D.O.B.** _____ **S.S.#** _____

Secondary Insurance Name: _____ **Policy #** _____

Person Financially Responsible for this account: _____

Whom may we thank for referring you? _____

In case of an Emergency please contact: _____

Phone: _____

I have been given a copy of General & Cosmetic Dentistry's Financial Policy:

Date: _____

Signature

Payment in full and/or your co-payment is expected at time of service. Thank you.