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Vancouver ORTHODONTIC

Specialists

BRACES FOR CHILDREN & ADULTS

ORTHODONTIST

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SALMON CREEK

1300 NE 134th Street

Vancouver, WA 98685

Email contact@vancortho.com

PATIENT INFORMATION

Today's Date: _____ Nickname: _____

Name: _____

Home Phone: _____

Home Address: _____

Email Address: _____

Social Sec. Number: _____

Birthdate: _____ Age: _____ Male Female

Hobbies/Sports: _____

General Dentist: _____

Last Visit Date: _____

School (if applicable): _____ Grade: _____

Employer (if applicable): _____

Work Phone: _____

Whom may we thank for referring you? _____

PATIENT INFORMATION IF APPLICABLE

WHO IS ACCOMPANYING THE PATIENT?

Name: _____ Relation: _____

Do you have legal custody of this child? Yes No

List brothers/sisters with age: _____

Parents' Marital Status: Single Married Partnered

Separated Divorced Widowed

MOTHER'S INFORMATION

Mother Step Mother Guardian

Name: _____ Birthdate: _____

Work Phone: _____ Ext: _____

Home Phone: _____

Employer: _____

How long at Current Job: _____

Job Title: _____

Social Sec. Number: _____

FATHER'S INFORMATION

Father Step Father Guardian

Name: _____ Birthdate: _____

Work Phone: _____ Ext: _____

Home Phone: _____

Employer: _____

How long at Current Job: _____

Job Title: _____

Social Sec. Number: _____

WHO IS RESPONSIBLE FOR MAKING APPOINTMENTS?

Name: _____

Work Phone: _____ Ext: _____

Home Phone: _____

SPOUSE INFORMATION IF APPLICABLE

Spouse Name: _____

Social Sec. Number: _____

Employer: _____

Work Phone: _____ Ext: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____ Relation: _____

Billing Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Ext: _____

INSURANCE INFORMATION

PRIMARY ORTHODONTIC INSURANCE

Insurance Co. Name: _____

Insurance Co. Phone: _____

Group Number (Plan, Local or Policy): _____

Policy Owner's Name: _____

Relation to Patient: _____

Policy Owner's Birthdate: _____

Social Sec. Number: _____

Policy Owner's Employer: _____

SECONDARY ORTHODONTIC INSURANCE

Insurance Co. Name: _____

Insurance Co. Phone: _____

Group Number (Plan, Local or Policy): _____

Relation to Patient: _____

Policy Owner's Birthdate: _____

Social Sec. Number: _____

Policy Owner's Employer: _____

We are sorry that we cannot accept divorce decrees as assignments of responsibility for a child's orthodontic bills. The custodial parent is financially responsible for the services and should seek any reimbursement from the other parent.