BRIGHAM
City Smiles
DR. MARK MURDOCK
DR. PJ SUTTON

PATIENT INFORMATION

Name _____ Marital Status: Single Married Divorced Widowed

Social Security _____ Birth Date_____ Home Phone _____

Address_____ City_____ State_____ Zip_____

Employer Name _____ Work Number_____

Email Address _____ Cell Number _____

PERSON RESPONSIBLE FOR THIS ACCOUNT

Name_____ Date_____

Social Security _____ DOB _____ Home Phone _____

Address _____ City_____ State_____ Zip_____

Employer Name _____ Work Number _____

Email Address _____ Cell Number _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ City_____ State_____

Home Phone _____ Cell Phone _____

DENTAL INSURANCE INFORMATION

Name of Policy Holder _____ Relationship to Patient _____

Birth Date_____ Social Security_____

Employer Name _____ Employer Phone #_____

Insurance Company _____ Insurance Phone #_____

Member ID _____ Group Number _____