

**David J. Wanserski, D.D.S., M.S., S.C.**

**RESPONSIBLE PARTY INFORMATION**

Dr. Mr. Mrs. Miss Ms. (Circle One)

Name: \_\_\_\_\_  
(Last) (First Name) (Middle Initial)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**PATIENT INFORMATION**

Dr. Mr. Mrs. Miss Ms. Male Female

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**IF THIS APPOINTMENT IS FOR A CHILD**

School that he / she attends: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Mother's Employment: \_\_\_\_\_

Father's Work No.: \_\_\_\_\_ Mother's Work No.: \_\_\_\_\_

**PERSON TO CONTACT FOR EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**WHO REFERRED YOU TO OUR OFFICE?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If not referred, how did you find us? \_\_\_\_\_