Nilay Nanavati, DDS **(631) 226-4540**

WELCOME!

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out these forms completely. The better we communicate, the better we can care for you.

Today's Date:_____

Name:_____

I prefer to be called:_____ ○**Male** ○ **Female**

Birthdate_____/_____/_____ **Age:**_____ **SS#**_____

Home Address:_____

_____

○ **Single** ○ **Married** ○ **Divorced** ○ **Widowed** ○ **Other**

Home Phone #_____ **Cell#**_____

E-mail Address:_____

Work Phone #_____ **Occupation:**_____

Employer:_____

Employer's Address:_____

Where and when are the best times to reach you?_____

Who may we thank for referring you?_____

Other family members seen by us:_____

Spouse Information

Spouse's Name:_____

Employer:_____

Work Phone #_____**Cell #**_____

Person responsible for Account

Name:_____**Relationship:**_____

Work #_____**Home#**_____**SS#**_____

Billing Address:_____

Dental Insurance (or other plans)

Do you have Dental Coverage ○**Yes** ○**No** **Who is covered?** ○ **Self** ○ **Spouse** ○**Other**

Name of employee:_____ **SS# of Employee**_____

Employee's Date of Birth:_____

Name of Employer:_____ **Insurance Carrier:**_____