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Patient's Clinical History/ Family Information: CONFIDENTIAL

(Please Complete in ink)

Today's

Date _____

NAME _____ **BIRTHDATE** _____ Gender: Male Female
ADDRESS (Mailing) _____ **CITY** _____ **STATE** _____ **ZIP** _____
SCHOOL _____ **GRADE** _____ **HOME PHONE** _____ **CELL PHONE** _____
Appointment Reminders: Text Message # _____ and/ or E-Mail Address _____
WHOM MAY WE THANK FOR REFERRING YOU? _____

Responsible Party _____ **D.O.B.** _____ **S.S.#** _____
Last First (for accounting purposes only)
 Father Mother Grandmother Grandfather Guardian
HOME ADDRESS _____ **HOME PHONE** _____
EMPLOYED BY _____ **OCCUPATION** _____ **POSITION** _____
BUSINESS ADDRESS _____ **WORK PHONE** _____

Responsible Party _____ **D.O.B.** _____ **S.S.#** _____
Last First (for accounting purposes only)
 Father Mother Grandmother Grandfather Guardian
HOME ADDRESS _____ **HOME PHONE** _____
EMPLOYED BY _____ **OCCUPATION** _____ **POSITION** _____
BUSINESS ADDRESS _____ **WORK PHONE** _____

DENTAL INSURANCE INFORMATION ONLY

**Insurance can only be verified with a Social Security number and Date of Birth*

NAME OF INSURED _____ **RELATIONSHIP TO PATIENT** _____
BIRTHDATE _____ **SOCIAL SECURITY NUMBER** _____ **DATE EMPLOYED** _____
NAME OF EMPLOYER _____ **WORK PHONE** _____
ADDRESS OF EMPLOYER _____ **CITY** _____ **STATE** _____ **ZIP** _____
INSURANCE COMPANY _____ **GROUP #** _____ **UNION OR LOCAL #** _____
INS. CO. ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE? ____ YES ____ NO IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURED _____ **RELATIONSHIP TO PATIENT** _____
BIRTHDATE _____ **SOCIAL SECURITY NUMBER** _____ **DATE EMPLOYED** _____
NAME OF EMPLOYER _____ **WORK PHONE** _____
ADDRESS OF EMPLOYER _____ **CITY** _____ **STATE** _____ **ZIP** _____
INSURANCE COMPANY _____ **GROUP #** _____ **UNION OR LOCAL #** _____
INS. CO. ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

(Office Only) ID# _____ **HP Ortho** ____ yes ____ no **MEDI** ____ yes ____ no **Ref Sub Date** _____

