



JEREMIAH B. COOK, DDS, MS, PLLC
Diplomate of the American Board of Periodontics

GENERAL QUESTIONNAIRE

Mr. Mrs. Miss. Ms. Dr. _____
Last First Middle Initial

I wish to be called at: home, work, other _____ E-Mail Address _____

Home Phone (____) _____ Work Phone (____) _____ Ext# _____ Cell (____) _____

Address _____ Apt No. _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____ - _____ - _____

Emergency Contact Name _____ Phone _____

Referred by _____ Your General Dentist _____

Employer _____ E-mail _____

Pharmacy Name _____ Location _____

IF YOU HAVE DENTAL INSURANCE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Primary Coverage: (Relationship to Patient) _____

Policy Holder _____ Date of Birth _____ Social Security or ID # _____

Employer Name _____ Employer Address _____ Employer Phone # _____

Insurance Company _____ Phone # _____ Group/Policy # _____

Secondary Coverage: (Relationship to Patient) _____

Policy Holder _____ Date of Birth _____ Social Security or ID # _____

Employer Name _____ Employer Address _____ Employer Phone # _____

Insurance Company _____ Phone # _____ Group/Policy # _____

I authorize release of any information relating to this claim. I understand that I am responsible for all costs of treatment, regardless of insurance coverage.

Signature (Patient, or guardian if Minor)

I herby authorize payment of the dental benefits otherwise payable to me directly to Cook Periodontics and Dental Implants.

Signed (Policy Holder)