

# Amy Norman DDS

EXCEPTIONAL COSMETIC AND ADULT DENTISTRY

3601 Colby Avenue  
Everett, WA 98201

Office: 425-258-6429  
Facsimile: 425-339-9145

WELCOME

Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Alt. Ph. \_\_\_\_\_

Employer \_\_\_\_\_ Work Ph. \_\_\_\_\_ Email \_\_\_\_\_

May we confirm your appointments and send you practice information via email? Y  N

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient's Insurance \_\_\_\_\_ Group # \_\_\_\_\_

SS# or Insurance ID# \_\_\_\_\_

How did you hear of Dr. Norman? \_\_\_\_\_

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Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Spouse's Insurance \_\_\_\_\_ Group # \_\_\_\_\_

SS# or Insurance ID# \_\_\_\_\_

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Nearest relative not living with you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Person responsible for this account \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

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