



“Welcome to our office! Every patient is given a specific treatment plan catered precisely to them. Going over and above the standard of care is our standard of care.” - Kyle Kuzmic D.D.S., M.S.

Personal Information

Today’s Date ___/___/___
Patient’s Name _____
(Last) (First) (MI)
Nickname _____ DOB ___/___/___
Age _____ yrs Male Female
Patient’s Phone _____
Patient’s Address _____
(City) (State) (Zip)
School/Job Title _____
Hobbies / Sports _____
Siblings with Age _____
Pt’s General Dentist _____
How did you hear about us? _____

Person Accompanying Minor

Name _____
(Last) (First) (MI)
Relationship to Patient _____
Do you have legal custody? Yes No
Parent’s Marital Status Single Married
 Divorced Widowed Separated

Mother’s Information

stepmother guardian DOB ___/___/___
Full Name _____
Phone (cell) _____ (work) _____
Employer _____ No. Years _____
Job Title _____

Father’s Information

stepfather guardian DOB ___/___/___
Full Name _____
Phone (cell) _____ (work) _____
Employer _____ No. Years _____
Job Title _____

Emergency Contact

Relative or Neighbor NOT living with you:
Full Name _____
Daytime Phone _____
E-mail _____

Person Responsible for Account

Full Name _____
Relationship to Patient _____
Billing Address _____
(City) (State) (Zip)
Phone (home) _____ (work) _____
Employer _____ No. Years _____

Person Responsible for Making Appointments

Full Name _____
Phone (cell) _____ (work) _____
E-mail _____

Orthodontic Insurance

Orthodontic Coverage? Yes No
Insurance Co. Name _____
Insurance Co. Address _____
Insurance Co. Phone _____
Group # (Plan/Local or Policy #) _____
Policy Owner’s Name _____
Relationship to Patient _____
Policy Owner’s DOB ___/___/___
SSN _____ - _____ - _____
Employer _____

Do you have dual coverage? Yes No If Yes:
Orthodontic Coverage? Yes No
Insurance Co. Name _____
Insurance Co. Address _____
Insurance Co. Phone _____
Group # (Plan/Local or Policy #) _____
Policy Owner’s Name _____
Relationship to Patient _____
Policy Owner’s DOB ___/___/___
SSN _____ - _____ - _____
Employer _____

Questions?

8902 North Meridian Street, Suite 137
Indianapolis, IN, 46260
Phone: (317) 846-4446
Fax: (317) 846-4390
E-mail: info@kuzmicortho.com
Website: www.kuzmicortho.com

