

# CONFIDENTIAL INFORMATION

from the office of  
Dr. David Kurtzman, DDS

Client's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Preferred name / nickname: \_\_\_\_\_

Responsible party: \_\_\_\_\_  
(if different from above)

## Address

\_\_\_\_\_  
\_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Home phone: \_\_\_\_\_

Whom can we thank for referring you to our office? \_\_\_\_\_

Marital status:                      single                      married                      divorced                      widowed  
(circle one)

Spouse's name: \_\_\_\_\_  
(if applicable)

Occupation: \_\_\_\_\_

employer \_\_\_\_\_ employed since \_\_\_\_\_

work address \_\_\_\_\_

work phone \_\_\_\_\_ extension \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_  
(if applicable)

employer \_\_\_\_\_ employed since \_\_\_\_\_

work address \_\_\_\_\_

work phone \_\_\_\_\_ extension \_\_\_\_\_

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## Emergency contact

\_\_\_\_\_ *name*

\_\_\_\_\_ *relationship*

\_\_\_\_\_ *phone*

## Closest relative not living with you

\_\_\_\_\_ *name*

\_\_\_\_\_ *relationship*

\_\_\_\_\_ *phone*

## Children

\_\_\_\_\_ *name*

\_\_\_\_\_ *age*

\_\_\_\_\_ *comment*

\_\_\_\_\_ *name*

\_\_\_\_\_ *age*

\_\_\_\_\_ *comment*

\_\_\_\_\_ *name*

\_\_\_\_\_ *age*

\_\_\_\_\_ *comment*