

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

Donald W. Henagan, DDS• 600 Rue de Lion• New Iberia, LA 70563• (337) 364-2156 PATIENT INFORMATION

Name	[] Dr. [] Mr. [] Mrs. [] Ms. [] Rev. [] Other:
First MI Last	Occupation: [] Male [] Female
	p Hm# ()
Employer	
Are you: [] Minor [] Married [] Single [] Divorced [] Widowed [] Separated Cell # ()
DOB:/SSN#	E-mail@
Spouse's Name First MI Last (if different)	
First MI Last (if different) Spouse occupation	Work phoneExt
	of school:
RESPONSIBLE PARTY (if different than patient)	
Name	YOUR PREFERENCES
First MI Last	Do you prefer appointment reminders by: [] Email [] Phone [] Text
Address State Zip	_
Hm# ()	Do you prefer to receive calls from our office at:
Wk# ()	
DOB:/	Whom may we thank for referring you?
SSN#	
Relationship:	How do you wish to be addressed by our staff?
INSURANCE INFORMATION	
MEDICAL INSURANCE:	
	Relationship to patient:
DOB:/Subscriber's SSN#	
	Policy # Group #
SUPPLEMENTAL INSURANCE (DENTAL):	1
Insured Name	Relationship to patient:
Address	City State Zip
DOB:/SSN#	Employer:
Insurance Company	Group # Eff. Date://
DO YOU HAVE ADDITIONAL DENTAL INSURANCE?	[] Yes [] No If yes, please complete the following:
Insured Name	Relationship to patient:
Address	
DOB:/SSN#	Employer:
Insurance Company	Group # Eff. Date://



Our practice is one of the most advanced CAD/CAM 3-D CEREC technology to produce ceramic restorations in a single visit.

practices in the US. We use

"Our practice is dedicated to helping you have good oral health for a lifetime." **Henagan Team Dentistry**

CONFIDENTIAL