ST APOLLONIA DENTAL CLINIC

122 Academy St Presque Isle ME 04769 (207) 554.5045

PATIENT INFORMATION

NAME_____**TODAY'S DATE**_____

ADDRESS_____**CITY**_____**ZIP**_____

HOME PHONE#_____**CELL #**_____**WORK #**_____

SS#_____**BIRTHDAY**_____

PRIMARY INSURANCE_____**ID#**_____

If no insurance would you like to apply for our sliding fee discount ? _____**yes**_____**no**

PREFERRED PHARMACY_____**CITY**_____

PATIENT/GUARDIAN INFORMATION

Name_____**RELATIONSHIP TO PATIENT**_____

MAILING ADDRESS IF DIFFERENT THAN PATIENT_____

HOME PHONE#_____**CELL#**_____**WORK#**_____

DRIVERS LICENSE#_____**BIRTHDATE**_____

EMAIL ADDRESS_____

EMPLOYER_____**WORK#**_____

IF YOUR INSURANCE IS MAINE CARE YOU DO NOT NEED TO FILL OUT NEXT SECTION

INSURANCE INFORMATION

HOLDER OF POLICY_____ **BIRTHDATE**_____

RELATIONSHIP TO PATIENT_____**SS#**_____

NAME OF EMPLOYER_____**WORK#**_____

INSURANCE COMPANY_____**ID#**_____

GROUP#_____

Creating smiles one child at a time
We are an equal opportunity employer & service provider