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103 S Ridgcrest Ste. 2
Nixa, Mo 65714
(417) 725-8283

Nixa Family Dental Center

Scott C. Larsen, D.D.S., P.C.

Patient _____
First Last Middle Initial

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

Email Address _____ Do You Accept Texts Yes / No

Pharmacy Preference _____

Patient Employed By _____ Occupation _____

Sex: ___ Male ___ Female Date of Birth _____ Social Security # _____

___ Single ___ Married ___ Widowed ___ Separated ___ Divorced

Spouse's Name _____

Parent's Names if Under 18 Years Old _____

Dental Insurance Coverage Yes ___ No ___ Insurance Company _____

Policy Holder Name _____ Employer _____

Policy Holder's Social Security # _____ Date of Birth _____

Secondary Insurance Coverage Yes ___ No ___ Insurance Company _____

Policy Holder Name _____ Employer _____

Policy Holder's Social Security # _____ Date of Birth _____

*******If you have dental insurance coverage, please bring your insurance card with you*******

Emergency Contact Person _____ Phone # _____

Whom may we thank for referring you to our office? _____