SOUTH MAIN DENTAL
FAMILY FRIENDLY DENTISTRY

538 South Main St, Suite 130
Cambridge, MN 55008
Office: 763-552-1616 | Fax: 888-404-4842
Email: office@mycambridgedentist.com

Patient Information

Patient Name: _____ _____ _____ _____
Last First MI Preferred Name

Address: _____
City State Zip

Date of Birth: _____ **Social Security #:** _____

Phone: _____ _____ _____
Home Mobile Work

For appointment reminders and other office notifications, it is OK to: ☐ Text ☐ Call ☐ Email

Email Address: _____

Family Status: ☐ Married ☐ Single ☐ Child ☐ Other **Sex:** ☐ Male ☐ Female ☐ Other

Emergency Contact: _____ _____ _____
Name Phone Number Relationship

Referred By/How did you find us: _____

Dental Insurance Subscriber Name: _____ **DOB:** _____

Are you interested in learning about our No Insurance, No Problem In-house Dental Savings Program? ☐ Yes ☐ No

Are you Interested in learning about other Financial Arrangement Options? ☐ Yes ☐ No

Do you have a custody agreement in place? Yes / No If so, who is financially responsible? _____