Laura L. Willhoite, D.D.S.
Specialist in Orthodontics
1100 West Blue Starr Drive
Claremore OK 74017
(918) 341-5100

Patient's Name_____Date of Birth_____/_____/_____

Patient's Cell Phone_____How did you hear about our office _____

Does patient live with both parents? ☐Yes ☐No If No with whom_____

Father's Name_____Date of Birth_____/_____/_____
Address_____City_____Zip_____

Employer_____Social Security Number_____
Home Phone_____Cell Phone_____Work Phone_____

Mother's Name_____Date of Birth_____/_____/_____
Address_____City_____Zip_____

Employer_____Social Security Number_____
Home Phone_____Cell Phone_____Work Phone_____

Person or Persons Responsible for Account_____

Father's Dental Insurance_____
Address_____City_____State_____Zip_____
Phone _____ID Number_____Group Number_____
Is There Orthodontic Coverage? YES / NO

Mother's Dental Insurance_____
Address_____City_____State_____Zip_____
Phone _____ID Number_____Group Number_____
Is There Orthodontic Coverage? YES / NO

This office reserves the right to verify the credit status of potential patients and/or parents prior to extending credit for treatment fees and may, at the discretion of this office, use the services of a credit reporting service. I understand that payment is expected at the time of service unless other arrangements have been made in advance. I certify that the information I have reported with regard to my insurance is correct. I hereby authorize Laura L. Willhoite, D.D.S., to apply for benefits on my behalf for services and request that payment from my insurance company be made directly to Laura L. Willhoite, D.D.S. I authorize the release of any medical/dental information necessary to process this claim. I permit a copy of this authorization to be used in the place of the original. I agree to forward to Laura L. Willhoite, D.D.S. all insurance payments that I receive for services rendered to me immediately upon receipt. I understand that I am responsible for any fees not covered by my insurance. I certify that the above information is correct.

Signature_____Date_____