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Whitehouse, TX 75791
903-839-6069
fax 903-839-4268
www.whsmiles.com

Foy Hamons DDS
Shelli Peters DDS

Today's date:_____

Patient Information

Patient's name: _____DOB: _____
Social security number:_____Driver's license number: _____
Mailing address:_____City:_____State:_____Zip:_____
Home phone: _____ Work phone:_____Cell phone:_____
Email:_____/Gender ❑M ❑F
Employer: _____Occupation:_____
Spouse's name: _____Spouse's phone:_____
For appointment reminders, may we email and/or text you? ❑ Yes ❑ No
If minor, parents names:
Mother:_____Phone:_____
Father:_____Phone:_____
Who may we thank for referring you to our office? _____❑ Advertisement

Emergency Contact Information

Emergency contact name:_____Relationship: _____
Phone:_____

Responsible Party Information

Who is responsible for the account?_____
Relationship to patient: _____ Phone:_____
Mailing address:_____City:_____State:_____Zip:_____
SS#:_____DOB:_____

Insurance Information

❑ Not covered by dental insurance Dental Insurance Co:_____
Primary Insured: ❑ Self ❑ Other
If other, please fill out below:
Insured Name:_____Relationship to patient: _____
Insured's DOB:_____Insured's SSN:_____
Employer:_____Phone:_____