



513 10th Street, Gothenburg, Nebraska 69138
(308) 537-7195
Dr. Audrey N. Aden

Name Birthdate SSN

Preferred Name Driver's license #

Home Address City State Zip

Sex: M F Status: Married Widowed Single Minor Separated Divorced

Home Phone Cell Phone

Work Phone Ext. May we contact you at work? Yes No

May we leave appointment messages on your home phone and/or cell phone? Yes No

I would like to be notified of my appointments by: E-mail Text message Phone call

Email address

Patient's Employer Occupation

If a Student, Name of School/College City State Full-time Part-time

Spouse or Emergency contact Phone

Whom may we thank for referring you?

Responsibly Party:

Name of person Responsible for this account Relationship to Patient

Birthdate SSN Driver's license #

Home Address City State Zip

Home Phone Work Phone Ext.

Cell Phone

Employer

Insurance Information:

Name of Insured Relationship to Patient

Birthdate SSN

Employer Date Employed

Address of Employer City State Zip

Insurance Company Group # Policy/ID #

Insurance Co. Address City State Zip

Secondary Insurance:

Name of Insured Relationship to Patient

Birthdate SSN

Employer Date Employed

Address of Employer City State Zip

Insurance Company Group # Policy/ID #

Insurance Co. Address City State Zip

Authorization and Release:

I certify that I have read and understand the above information to the best of my knowledge. I authorize Pony Express Family Dentistry to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to Pony Express Family Dentistry insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf.

Signature of Patient (or parent/guardian if minor)