

Boiling Springs Family Dentistry
David Hendrick, DDS, PA

Personal Information

Patient's Name: _____ DOB: _____
Preferred Name: _____ Social Security #: _____
Parent/Guardian: _____ Gender: Male Female
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone # (Home) _____ (Work) _____
Email Address: _____
Emergency Contact Person: _____
Relationship: _____ Number: _____
Referred by: _____ Preferred Pharmacy: _____

Insurance Information

Insurance Co: _____ Phone Number: _____
Address: _____ Group# _____ ID# _____
Policy Holder: _____ Relationship: _____
(if different than patient)
Social Security #: _____ DOB: _____

Method of Payment

Payment is expected at the time of Service.

As a courtesy we will file most insurances. Any balance remaining after insurance has paid is the patient's responsibility.

We accept: Cash Check Credit Card Care Credit