



Dimitri Dental
 149 Smallwood Village Center
 Waldorf, MD 20602
 301-843-1333 • 301-645-1110
 dimitridental.com

Medical Alert For Office Use

Patient Information

Name _____
LAST FIRST MIDDLE INITIAL NICKNAME

Address _____
STREET

CITY STATE ZIP

Employer _____ Drivers License _____
 Birth date _____ Height _____ Weight _____
 Phone: Home _____ Social Security # _____
 Work _____ May we contact you at work? Yes No
 Mobile _____ Male Female
 Email _____

Emergency: Name _____ Phone _____

Insurance

Primary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____
 Employer _____ Insurance Co. _____
 Insurance Co. Phone # _____ Group # _____
 Relation to patient _____

Secondary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____
 Employer _____ Insurance Co. _____
 Insurance Co. Phone # _____ Group # _____
 Relation to patient _____

Insurance Authorization Statement (Sign & Date)

I hereby authorize payment directly to George N. Dimitri, DDS of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. I hereby authorize George N. Dimitri, DDS to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history is correct to the best of my knowledge.

Signature _____ Date _____

If Patient is Under 18

Responsible Party _____ Relation to Patient _____

Address _____
STREET

CITY STATE ZIP

Telephone _____