

Patient Information

Craig Timberlake DDS & Scott Shaw DDS

4522 15th Avenue NE, Seattle Washington 98105

Phone: (206) 523-2025 Fax: (206) 525-6956 Email: info@timberlakeshawdds.com

Patient Information

Last Name: _____ First Name: _____

Preferred Name: _____ DOB: _____ / _____ / _____ Sex: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____ Preferred Contact: _____

Employer: _____ Occupation: _____ Work Phone: (_____) _____ - _____

Marital Status: _____ Partner's Name: _____

Emergency Contact: _____ Relation: _____ Phone: (_____) _____ - _____

Responsible Party

Last Name: _____ First Name: _____

Preferred Name: _____ Relationship to Patient: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Dental Insurance

Primary Insurance: _____ Phone: (_____) _____ - _____

Last Name of Insured: _____ First Name of Insured: _____

Group #: _____ Member ID or SSN: _____

Relationship to Patient: _____ DOB: _____ / _____ / _____

Secondary Insurance: _____ Phone: (_____) _____ - _____

Last Name of Insured: _____ First Name of Insured: _____

Group #: _____ Member ID or SSN: _____

Relationship to Patient: _____ DOB: _____ / _____ / _____