

15160 NW Laidlaw Rd Ste 202  
Portland, Oregon 97229  
in Bethany Village  
Telephone: 503-533-2330  
Fax: 503-533-2331  
Email: pcc@bethanydentistpdx.com  
www.bethanydentistpdx.com



## Personal Information Update

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Has your name changed since your last visit? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, what was the prior name? \_\_\_\_\_  
What name do you use for insurance (if different than above)? \_\_\_\_\_

2. If you have a new or different address since your last visit, please indicate below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has your marital status changed? \_\_\_\_\_ yes \_\_\_\_\_ no

4. Has your telephone number changed? \_\_\_\_\_ yes \_\_\_\_\_ no

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Cellphone number: \_\_\_\_\_

5. Has your employment changed? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please indicate your new employer name and address:  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you changed insurance companies? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please indicate your new insurance information:

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Group Number(s): \_\_\_\_\_ Group Number(s): \_\_\_\_\_

Subscriber Number(s): \_\_\_\_\_ Subscriber Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Who is responsible for the bill? \_\_\_\_\_

Signature of PATIENT, PARENT or GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_