



Family Dentistry

Dr. Bob Stewart • Dr. Jerry Schlader

3606 Fairmont Parkway

Pasadena, TX. 77504

(281) 48-SMILE (281) 487-6453

Welcome to our office!

“We want to care for your family’s teeth!”

PATIENT INFORMATION:

Last _____ First _____ MI _____
 Sex (Circle One) Female Male Status (Circle One) Married Single Child Other
 Birthday ____ - ____ - ____ SS # ____ - ____ - ____
 Drivers License # _____ How did you hear about us? _____
 Address _____
 City _____ State _____ Zip _____
 E - Mail _____
 Home Phone (____) _____ Work Phone (____) _____ May we call you at work _____
 Fax (____) _____ Pager (____) _____ Other (____) _____

RESPONSIBLE PARTY INFORMATION:

Last _____ First _____ MI _____
 Sex (Circle One) Female Male Status (Circle One) Married Single Child Other
 Birthday ____ - ____ - ____ SS # ____ - ____ - ____
 Drivers License # _____
 Address _____
 City _____ State _____ Zip _____
 E - Mail _____
 Home Phone (____) _____ Work Phone (____) _____ May we call you at work? _____
 Fax (____) _____ Pager (____) _____ Other (____) _____

I agree to be responsible for all charges incurred, including collection costs and interest on unpaid balances. _____

Signature of Responsible Party

Date

INSURANCE INFORMATION:

Subscriber Name _____
 Employer _____ DOB _____ Group # or policy # _____
 Address _____ SSN _____ - _____ - _____
 City _____ State _____ Zip _____
 Name of Insurance Company _____

I release all benefits to be paid to Dr. Bob Stewart & Associates

Signature

Date