



**Douglas Hiser, DMD**

3180 North Point Parkway, Bldg. 500, Suite 521, Alpharetta, GA 30005  
520 Pirkle Ferry Road, Suite A, Cumming, GA 30040  
5067 Post Rd., Suite 202, Cumming, GA 30040  
470-330-9083

**NEW PATIENT INFORMATION**

**Patient Name:** \_\_\_\_\_  
**Name Called (Nickname):** \_\_\_\_\_  
**Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male / Female /

**APPOINTMENT REMINDERS ARE SENT THROUGH EMAIL & TEXT MESSAGE**

**(C) Phone:** \_\_\_\_\_ **(H) Phone:** \_\_\_\_\_  
**(C) Phone Carrier:** \_\_\_\_\_ **(W) Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Name Of Dentist:** \_\_\_\_\_  
**Who May We Thank For Referring You?** \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION**

**Responsible Party:** \_\_\_\_\_  
**Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male / Female  
**(C) Phone:** \_\_\_\_\_ **(H) Phone:** \_\_\_\_\_  
**(C) Phone Carrier:** \_\_\_\_\_ **(W) Phone:** \_\_\_\_\_  
**Address (If Different From Above):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Is This Responsible Party Financially Responsible For Charges?** Yes / No

**ORTHODONTIC / DENTAL INSURANCE INFORMATION**

**Policy Holder Name:** \_\_\_\_\_  
**Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Dental Insurance Company:** \_\_\_\_\_  
**Dental Insurance Company Phone:** \_\_\_\_\_  
**ID# or SS#:** \_\_\_\_\_  
**Group #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_