



**Somerset
Dental Associates**
Come smile with us!

1590 North Center Avenue, Suite 102 • Somerset, PA 15501
865 Eisenhower Boulevard, Complex 2 • Johnstown, PA 15904
814.444.0850

PATIENT INFORMATION

Patient Full Name: _____ Date of Birth: _____

Patient Marital Status: CHILD SINGLE MARRIED DIVORCED WIDOWED

Patient Race: _____ Patient Social Security #: _____

Patient Address: _____

Patient Phone Numbers: HOME: _____

CELL: _____

WORK: _____ EXT _____

Email Address: _____

IF PATIENT IS UNDER 18 YEARS:

Patient Parent/Guardian Full Name: _____

Parent/Guardian Date of Birth: _____

Parent/Guardian Address- if different from above:

