



Dr. Alex J. Mercado, DDS

## PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name / Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Please check if you do not wish to receive text messages.

Email \_\_\_\_\_

Please select your preference for your appointment reminders:  Text  Email  Phone Call

Birth Date \_\_\_\_\_ Social Security \_\_\_\_\_ Drivers License \_\_\_\_\_

Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Separated  Widowed

Student Status:  Full Time  Part Time Name of School \_\_\_\_\_

Emergency Contact (& relationship) \_\_\_\_\_ Phone \_\_\_\_\_

## RESPONSIBLE PARTY Same as above

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Sex:  Male  Female

Relationship to Patient:  Parent  Spouse  Other (PLEASE SPECIFY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security \_\_\_\_\_ Drivers License \_\_\_\_\_