Geaux Smiles
406 Lafayette St.
Gretna, LA 70053
(P) (504) 366-3052
(F) (504) 366-9201

## Update Patient Information

### Patient Information

Date: _____

Name: _____ Nickname: _____

Address: _____City: _____State: ____ Zip: _____

Home (_____)_____ Work (_____)_____ Cell (_____)_____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Status: Minor Single Married Widowed Separated Divorced

Whom may we thank for referring you? _____

Emergency contact: _____ Relationship: _____

Home (_____)_____ Work (_____)_____ Cell (_____)_____

Email Address: _____

Would you like to receive promotional emails? Yes No

### Responsible Party

Relationship to Patient: Self Spouse Parent Other: _____

Name: _____

Address: _____City: _____State: ____ Zip: _____

Home (_____)_____ Work (_____)_____ Cell (_____)_____

Employer: _____

Social Security Number: _____-_____-_____

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## Insurance Information

**INSURED:**

Name: _____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Relationship to Patient: Self Spouse Parent Other: _____

Home (_____)_____ Work (_____)_____ Cell (_____)_____

**EMPLOYER:**

Name: _____

Address: _____City: _____State: ____ Zip: _____

Work (_____)_____

**PRIMARY INSURANCE COMPANY**

Insurance Company: _____

Group Number: _____ ID Number: _____

Address: _____City: _____State: ____ Zip: _____

Work (_____)_____

**SECONDARY INSURANCE COMPANY**

Insurance Company: _____

Group Number: _____ ID Number: _____

Address: _____City: _____State: ____ Zip: _____

Work (_____)_____