



Dr. Hugh's Dental PC
Hubert W. Hawkins IV, DDS MPH
Dr. Dave DeSalvo, DDS
603-444-4141
www.drhughsdental.com

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

PATIENT INFORMATION

Name _____ [] Dr. [] Mr. [] Mrs. [] Ms. [] Rev. [] Other: _____
First MI Last
Address _____ Occupation: _____ [] Male [] Female
City _____ State _____ Zip _____ Hm# (____) _____
Employer _____ Wk# (____) _____ Ext _____
Are you: [] Minor [] Married [] Single [] Divorced [] Widowed [] Separated Cell # (____) _____
DOB: ____/____/____ SSN# _____ E-mail _____@_____
Spouse's Name _____
First MI Last (if different)
Spouse occupation _____ Work phone _____ Ext _____
Is patient a full time student? [] No [] Yes: Name of school: _____

RESPONSIBLE PARTY (if different than patient)

Name _____ DOB: ____/____/____ SSN# _____
First MI Last
Address _____ Relationship: _____
City _____ State _____ Zip _____
Hm# (____) _____ Work # _____

INSURANCE INFORMATION

MEDICAL INSURANCE:

Subscriber's Name _____ Relationship to patient: _____
DOB: ____/____/____ Subscriber's SSN# _____
Insurance Company _____ Policy # _____ Group # _____

DENTAL INSURANCE:

Insured Name _____ Relationship to patient: _____
Address _____ City _____ State _____ Zip _____
DOB: ____/____/____ SSN# _____ Employer: _____
Insurance Company _____ Group # _____ Eff. Date: ____/____/____



Our practice is one of the most advanced CAD/CAM practices in the US. We use 3-D CEREC technology to produce ceramic restorations in a single visit.



CONFIDENTIAL

Dr. Hugh's Dental P.C. revised 6/20