



Scott B. Klimaj, D.M.D.  
7 Smith Avenue, Suite 102  
Greenville, RI 02828

Dr. Klimaj has been providing quality, comprehensive general and cosmetic dentistry for nearly a decade. Through his wealth of experience and continuing education, Dr. Klimaj strives to provide his patients with the highest quality, most comfortable dental care in a state-of-the-art environment.

Kindly assist us in getting to know you better by filling out the following forms as accurately as possible. Thank you and welcome to our practice.

**Patient Information:**

Patient Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_  
Reason for today's visit: \_\_\_\_\_

**Emergency Contact Information:**

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Daytime Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Primary Insurance Information**

Insurance Company Name \_\_\_\_\_ Patient ID # \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Insured's SS# \_\_\_\_\_  
Insured's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Insured's Employer \_\_\_\_\_ Employer  
Address \_\_\_\_\_

**Secondary Insurance Information**

Insurance Company Name \_\_\_\_\_ Patient ID # \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Insured's SS# \_\_\_\_\_  
Insured's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Insured's Employer \_\_\_\_\_ Employer  
Address \_\_\_\_\_