



Scott B. Klimaj, D.M.D.
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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 _____