



Whispering Pines Dental Lodge

Family and Cosmetic Dentistry

Petra Lee D.M.D., PLLC

609 Lamar Ave., Brooksville FL 34601

Tel: (352) 796-2034 Fax: (888) 581-9789

Patient Information

Name _____ Age _____ Marital Status _____

Date of Birth _____ Social Security Number _____

Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____ Employed/Retired From _____

Occupation _____ Work Phone _____

In Case of Emergency, please notify:

Name _____ Relationship _____ Phone Number _____

How did you hear of our office? _____

Insurance/Responsible Party Information

Responsible Party's Name _____

Relationship to Patient _____ Social Security Number _____

Date of Birth _____ Employed or Retired From _____

Name of Dental Insurance Company _____

Group Number _____ Insurance Company Phone Number _____

Please allow us to make a photocopy of your insurance card and driver's license at this time.

Signature of Patient/Parent/Guardian _____ Date _____