

**Steven G. Kolokithas, D.D.S.**

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*Symphony Dental Care*  
*Art & science in perfect harmony*  
[www.symphonydentalcare.com](http://www.symphonydentalcare.com)

Patient's full name _____
Date of Birth _____ Sex _____
If minor, name of legal guardian _____
Home phone _____ Mobile phone _____
Work phone _____
Email address: _____
Mailing address _____ City _____
State _____ Zip _____
Whom may we thank for referring you to our office?
Do you have any dental concerns at this time?

If you have insurance please fill in the following information:

Name of Insured \_\_\_\_\_ Insured DOB \_\_\_\_\_

Relationship to Insured: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

Employer sponsored plan? Yes \_\_\_ No \_\_\_

If yes, name of Employer \_\_\_\_\_

Insured SS# : \_\_\_\_\_ Member ID#: \_\_\_\_\_

Dental Insurance Co. \_\_\_\_\_ Group number \_\_\_\_\_ Claims Address \_\_\_\_\_

Covered by Secondary insurance? Yes \_\_\_ No \_\_\_

Insured Name \_\_\_\_\_

Relationship to Insured: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

Insured DOB \_\_\_\_\_ Name of Employer \_\_\_\_\_

Insured dental insurance company \_\_\_\_\_

Claims Address \_\_\_\_\_

Insured SS#: \_\_\_\_\_ or Member ID#: \_\_\_\_\_ Group number \_\_\_\_\_