TRI-COUNTY
Oral Facial Surgeons, P.C.

WELCOME TO OUR PRACTICE

Patient Information

Name (Last, First, MI) | Social Security # | Date of Birth | Sex | Home Phone

Mailing Address | City | State | Zipcode | Marital Status

Employer | City | State | Zipcode | Work Phone

Responsible Party (if patient is 17 and younger or requires a guardian)

Name (Last, First, MI) | Social Security # | Date of Birth | Home Phone

Mailing Address | City | State | Zipcode

Insurance Information

Primary Dental Insurance

Company | Address | Phone | Employer

Subscriber's Name | Birthdate | Social Security # | Relationship | Policy # /Group #

Primary Medical Insurance

Company | Address | Phone | Employer

Subscriber's Name | Birthdate | Social Security # | Relationship | Policy # /Group #

Secondary Dental Insurance

Company | Address | Phone | Employer

Subscriber's Name | Birthdate | Social Security # | Relationship | Policy # /Group #

Secondary Medical Insurance

Company | Address | Phone | Employer

Subscriber's Name | Birthdate | Social Security # | Relationship | Policy # /Group #

Referrals

Dentist | PCP – Medical Doctor

State College
200 W. Beaver Ave, Suite 100
State College, PA 16801
1.800.446.5680