



MOUNTAIN SHADOWS
FAMILY DENTAL

21765 W. Yuma Rd Ste. 101
Buckeye, AZ 85326
623-691-6300

Welcome to the office of Matthew Garrett, DDS! We appreciate you choosing our office for your Dental and Oral Health care needs. Please be assured that we will work hard to continually earn the trust that you have placed in us.

In order for us to serve you better, please take several minutes to complete this information form

Please tell us about yourself

Today's Date: _____

Patient's Name: _____ Preferred Name: _____

Address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____ Sex: ☐ Male / ☐ Female

Social Security: _____ - _____ - _____ Family Status: ☐ Married ☐ Single ☐ Child ☐ Other

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Mobile Work

Emergency Contact Name: _____ Number: (____) _____

Who may we thank for referring you to us for care?

☐ Friend/Family: _____

☐ Newspaper

☐ Other: _____

☐ Internet: _____

☐ Insurance Company

*Our office now has the capability of sending email and/or text reminders for your upcoming appointments. Would you prefer an

Email or Text over a phone call? Yes ☐ No ☐

Email Address: _____

If the Patient is a minor, please tell us about you, are you the parent or guardian

Your Name: _____ Relationship to Patient: _____

Your Address: _____ Your Home Phone: _____

(If different from the patient)

Your Cell Phone: _____

City: _____ State: _____ Zip: _____ Your Social Security: _____ - _____ - _____

Dental Insurance Information (Primary)

Insurance Company: _____ Insurance Phone: _____

Name of Insured Person: _____ Insured Date of Birth: _____

SS or ID # of the Insured: _____ Group Number: _____

Employer Name: _____ Work Phone: _____

Dental Insurance Information (Secondary)

Insurance Company: _____ Insurance Phone: _____

Name of Insured Person: _____ Insured Date of Birth: _____

SS or ID # of the Insured: _____ Group Number: _____

Employer Name: _____ Work Phone: _____