



Karlstad & Roseau Dental Clinics

Ed Glavin DDS
Joe Glavin DDS
Joe Holbo DDS
Andrew Thorslev DDS

103 S Main, PO Box 113, Karlstad, MN 56231

103 1st St NE, Suite A, PO Box 286, Roseau, MN 56754

Patient Information

Date _____ Patient Name _____

SSN _____ Male _____ Female _____ Birthdate _____ Cell Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____ OK to text reminders to Cell? Yes _____ No _____

E-Mail _____ Single _____ Married _____ Divorced _____ Widowed _____

Patient's or Parent's Name _____

Employer _____ Work # _____

Person to contact in case of emergency _____ Phone # _____

Name of the person, if any, who referred you to our office _____

Responsible Party

Name _____ Relationship to patient _____

Address _____ Cell # _____

Birthdate _____ E-mail _____ Home # _____

Employer _____ Work # _____

Insurance Information

Name of insured _____ Relationship to patient _____

Birthdate _____ SSN or ID # _____ Group # _____

Name of Employer _____ City, State, Zip _____

If you have additional insurance, please complete the following:

Name of insured _____ Relationship to patient _____

Birthdate _____ SSN or ID # _____ Group # _____

Name of Employer _____ City, State, Zip _____

I authorize the release of any information concerning my (or my child's) health care, advice & treatment provided for the purpose of evaluation & administering claims for insurance benefits. I also authorize payment of insurance benefits otherwise payable to me directly to the doctor.

Signature _____ Date _____