



**CHRISTIAN MANLEY  
ORTHODONTICS  
425.392.7533**

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Issaquah, WA 98027  
22731 SE 29<sup>th</sup> Street  
Sammamish, Washington 98075

**ADULT PATIENT INFORMATION**

LAST NAME	FIRST NAME	NICKNAME	SEX	SS#	BIRTHDATE	AGE
Mailing address		City	State	Zip	Home Phone	
Email address			Cell Phone		Fax	
Employer/occupation			Yrs	Bus. Phone		
Spouse Name						
Spouse Employer/Occupation				Business Phone		
Who may we thank for referring you to our office				Secondary referral		
Name of Dentist		Phone number		Date of Last visit		

Related patients that are or have been under our care		Name and ages of other children in household	
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____
4.	_____	4.	_____

**ORTHODONTIC INSURANCE INFORMATION**

Primary Insured's Name \_\_\_\_\_ B' date \_\_\_\_\_ 2<sup>nd</sup> Insured's Name \_\_\_\_\_ B' date \_\_\_\_\_

ID/SS# \_\_\_\_\_ Group # \_\_\_\_\_ ID/SS# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If Divorced is involved, who is custodial Parent \_\_\_\_\_ Can Patient info be released to noncustodial Parent? Yes ( ) No ( )

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_