

Krista V. Badger, DDS, PC  
General Information

Father's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name & Address of Insurance Co: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # of Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Mother' Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name & Address of Insurance Co: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # of Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Name of nearest friend or relative in case of emergency: \_\_\_\_\_

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

Whom may we thank for recommending this office? \_\_\_\_\_

**I hereby authorize my insurance company to make payment directly to Dr. Krista V. Badger, DDS, PC, and authorize release of any necessary and pertinent documents.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date