

1117 South Milwaukee Avenue
Suite B5
Libertyville, Illinois 60048
847 816 3636

Welcome to the practice of Dr. Paul F. Showers!

Patient Information

Date _____ Patient Number _____

Name _____ first _____ middle _____ last _____ Date of Birth _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Email Address _____

Marital Status Single Married Widowed Divorced Separated

Employer _____ Address _____

City _____ State _____ Zip _____

Person to contact in case of emergency _____

Relationship _____ Phone _____

General Dentist _____ Address _____

City _____ State _____ Zip _____ Phone _____

Referring Dentist's Name _____ Phone _____

Responsible Party (The person financially responsible for account)

Self Parent/Guardian Other

Name _____ first _____ middle _____ last _____ Date of Birth _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Email Address _____

Marital Status Single Married Widowed Divorced Separated

Employer _____ Address _____

City _____ State _____ Zip _____

