Welcome to Shalom Dental

Adenike Gbenle, DDS

5801 Allentown Road, Suite 307
Suitland, Maryland 20746
Office: 240-455-7842 Fax: 301-202-3643
Email: info@shalomdental.com

Guest Registration

Last Name: _____ First: _____ M.I.:_____

Preferred Name: _____ Birth Date: _____ Male/Female: _____

☐ Married ☐ Single ☐ Child ☐ Other

Address: _____ Apt. #_____

City: _____ St.: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

SS#: _____ Email: _____

Best way and time of day to contact:_____

Responsible Party Information

Responsible Party Name: _____ Phone #: _____

Responsible Party Address: _____

SS#: _____ Birth Date: _____ Relationship to Patient: _____

Employer: _____ Insurance Company: _____

Insurance Identification #: _____ Group #: _____

Insurance Address: _____

Referral Information

Whom may we thank for referring you to our practice?

☐ Another patient ☐ Sign ☐ Insurance Carrier ☐ Website ☐ School ☐ Work

☐ Other: _____

Name of person referring you to our practice: _____