



866-960-2488 Fax: 770-968-4606

**PART I - GENERAL**

<b>DATE</b>		<b>SOCIAL SECURITY #</b>		
<b>NAME</b>	First	Middle	Last	
<b>PRESENT ADDRESS</b>	Street		Apt. No.	
	City		State	Zip
<b>IF LESS THAN 3 YEARS, PREVIOUS ADDRESS</b>	Street		Apt. No.	
	City		State	Zip
<b>PHONE</b>	<b>PAGER</b>	<b>CELL</b>	<b>WORK #</b>	<b>E-MAIL</b>
<b>IN CASE OF EMERGENCY NOTIFY:</b>	Name			Relationship
	Address			Phone
<b>DENTAL LICENSE NUMBER</b>			<b>Expiration Date</b>	
<b>DEA NUMBER</b>			<b>Expiration Date</b>	
<b>MEDICAID PROVIDER?</b>	_____ Yes _____ No		<b>If so, Medicaid #</b>	
<b>AVESIS?</b>	_____ Yes _____ No			
<b>DORAL?</b>	_____ Yes _____ No			
<b>MALPRACTICE INSURANCE CARRIER</b>				Phone #
	Policy #		<b>Expiration Date</b>	
<b>REFERRAL SOURCE</b>	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____ Name: _____			

## PART II - EDUCATION

**LIST ANY GRADUATE DEGREES EARNED INCLUDING SCHOOL (S) / UNIVERSITIES**

<b>DEGREE</b>	<b>MAJOR</b>	<b>SCHOOL</b>
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## PART III - EXPERIENCE

**PLEASE LIST BELOW ANY WORK OR VOLUNTEER REFERENCES FOR THE LAST FIVE YEARS:**

**(MOST RECENT FIRST)**

<b>DATES</b> FROM _____ / _____ TO _____ / _____	Title or Position
<b>COMPANY/NAME OR ORGANIZATION</b>	<b>ADDRESS</b>
<b>CONTACT PERSON</b>	<b>PHONE #</b>
<b>RESPONSIBILITIES</b>	
<b>DATES</b> FROM _____ / _____ TO _____ / _____	Title or Position
<b>COMPANY/NAME OR ORGANIZATION</b>	<b>ADDRESS</b>
<b>CONTACT PERSON</b>	<b>PHONE #</b>
<b>RESPONSIBILITIES</b>	
<b>DATES</b> FROM _____ / _____ TO _____ / _____	Title or Position
<b>COMPANY/NAME OR ORGANIZATION</b>	<b>ADDRESS</b>
<b>CONTACT PERSON</b>	<b>PHONE #</b>
<b>RESPONSIBILITIES</b>	