



Shawn R. McDevitt, DDS
Dentistry for Adults and Children

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(509) 453-5568

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Name: _____ Birthdate: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cell Phone: _____

E-Mail: _____ Best Day time phone: _____

Single _____ Married _____ Widowed _____ Divorced _____

Name of spouse/parent/guardian: _____
(please circle one)

Your/parent Employer: _____ Occupation _____ Phone _____

Spouse/Parent Employer _____ Occupation _____ Phone _____

Person Responsible for account _____

Address: _____ Phone _____

City, State, Zip _____ Cell phone _____

Person To contact in case of emergency _____ Phone number _____

Whom may we thank for referring you to our office? _____

Date of last dental visit: _____ Name of previous Dentist _____

What dental problems are you now having? _____

Have you had any unpleasant dental experiences or is there anything about dentistry that you strongly dislike?

Insurance Information

Primary Insurance Holder: _____ Birthdate _____

Employer: _____ Insurance Company: _____

Identification # _____ Toll Free phone # _____

Social Security number _____ Group number _____ Plan ID _____

Secondary Insurance Holder: _____ Birthdate _____

Employer: _____ Insurance Company: _____

Identification # _____ Toll Free phone # _____

Social Security number _____ Group number _____ Plan ID _____