

**Dr. Hugh's Dental PC**  
**209 Cottage St. Littleton, NH 03561**  
**603-444-4141**  
[reception @ drhughsdental.com](mailto:reception@drhughsdental.com)

Patient Information: First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Responsible Party:(if under 18) First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance \_\_\_\_\_ Employer: \_\_\_\_\_

Policy # \_\_\_\_\_ Subscriber# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured SS# \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

How did you hear about us? (Check One) Web Site \_\_\_\_\_ Phone book \_\_\_\_\_ Newspaper \_\_\_\_\_

Physician/Dentist \_\_\_\_\_ Friend or Family \_\_\_\_\_