PATIENT INTAKE Pacific Dental Group, 2240 Bayfront Way, Suite 410.
Date of visit: 2026-08-04.
Patient name: Jane Q. Sample.
Date of birth: 1985-04-12. Sex: F.
MRN: MRN-DEMO-001.
Address (home): 188 Cedar Ridge Rd, Eugene, OR 97401.
Phone (home): 541-555-0143.
Primary subscriber / policyholder: SELF.
Insured name (same as patient): Jane Q. Sample.
Insured address (same as patient): 188 Cedar Ridge Rd, Eugene, OR 97401.
Insurance program: GROUP (employer-sponsored dental PPO).
Insured ID: PDP-22420566. Group #: 4421.
Plan name: Pacific Dental PPO Smile Plus.
Other health benefit plan: NO.
Patient / authorized person signature on file: YES initialed 2024-01-12.
Referring provider: none.
Employment / auto / other accident related: NO.
Notes: patient last cleaning 2025-11-02; mild bleeding on probing upper right; no reported allergies.