

Colorado Premier Dental  
Dr. Brian Polidori  
6565 W. Jewell Ave Ste 1-A  
Lakewood, CO 80232

## Emergency Form

Name: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Physician:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* We will only call these individuals in an emergency situation