

Patient Information

Patient Name: _____ Date: _____
Last, First MI (Preferred Name)

Gender: _____ Married Single Child Other _____

Birth Date: _____ SSN: _____

Phone (Home): _____ (Work) _____ Ext: _____ Cell or Pgr: _____

Address: _____
Street City State Zip Code

E-mail _____ Do you want us to confirm by e-mail? _____

Spouse Or Responsible Party Information

The following is for: the patient's spouse the person responsible for payment

Name: _____

Birth Date: _____ SSN: _____

Phone (Home): _____ (Work) _____ Ext: _____

Address: _____
Street City State Zip Code

Employment Information

The following is for: the patient the person responsible for payment

Employer Name: _____ Occupation: _____

Address: _____
City State Zip Code

Insurance Information

Primary
Name of Insured: _____ Is insured a patient? Yes No
Last First MI

Insured's Birth Date: _____ ID # _____ Group # _____

Insured's Address: _____
Street City State Zip Code

Insured's Employer Name: _____

Address: _____
Street City City Zip Code

Patient's relationship with insured: Self Spouse Child Other _____

Insurance Plan Name and Address _____

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend

Dental Office Yellow Pages Newspaper School Work Other _____

Name of person or office referring you to our practice _____

Name of nearest relative not living with you _____

Phone: _____

INVESTMENT: The investment needed to complete your necessary dental treatment is based on an estimate derived from our examination. Should additional unforeseen problems arise as your treatment progresses, this estimate may have to be revised. You will be consulted before any unexpected treatment is undertaken. This estimate will be honored, provided treatment is completed within 6 months of the date of the examination.

_____ initials

MISSED APPOINTMENTS: No charge will be made for rescheduling provided 24 hours notice is given. Otherwise a minimum charge of \$25.00 per half hour missed will be incurred. Once an appointment has been made, please remember this time has been reserved specifically for you.

_____ initials