

PATIENT INFORMATION

Patient Name: _____ Title: Mr. Mrs. Ms. Dr. _____
Last, First MI

Single Married Widowed Divorced Gender: _____ Birth Date: _____ SS#: _____

Address: _____
Street (include Apartment #, if applicable)

City _____ State _____ Zip Code _____
 Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____ May we text you? Yes No

Employer Name: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Whom may we thank for referring you? _____

RESPONSIBLE PARTY INFORMATION

Responsible Party: _____

Relationship to Patient: _____ Phone: _____

CONSENT FOR SERVICES

All emergency dental services or any dental services performed without previous financial arrangements must be paid for at the time services are rendered. A finance charge of 1½% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 90 days, unless previously written financial arrangements are satisfied. Treatment plan estimates can only be extended for a period of six months from the date of the examination.

Patients who have dental insurance understand that all dental services furnished are charged directly to the patient and that he/she is personally responsible for payment. This office will help prepare the insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account.

A minimum charge may be made for failed or cancelled appointments without prior notification of 24 hours. The fee covers only a portion of the overhead such as salaries, electric, etc. which still has to be paid whether you are present or not. Once an appointment is made, please remember this time has been reserved for you.

I have read the above conditions of treatment and payment and agree to their content.

 Signature of patient (parent or guardian if under age 18) Date: _____

PATIENT'S RIGHT OF DISCLOSURE

Please list all persons who may make requests on your behalf and with whom we may speak regarding your medical records.

GETTING TO KNOW YOU

Please share with us your hobbies, interests, hometown, etc. so we can get you know you better. _____
