



Thank you for selecting our dental healthcare team! We strive to provide you with the best possible dental care. To help us meet all your dental needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us - we will be happy to help.

PERSONAL INFORMATION

Date: _____

Patient Name _____ Birthdate _____ SSN _____

Male Female Minor Single Married Widowed Separated

Home Phone _____ Work Phone _____ Cell Phone _____

Where do you prefer to receive calls? Home Work Cell Email address _____

When is the best time to reach you? Time _____ Days _____

Mailing Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Referred by _____

In the event of an emergency, who do you want us to contact?

Name _____ Relationship _____ Phone _____

RESPONSIBLE PARTY (fill out only if different than patient)

Name of person responsible for scheduling and billing _____ Relationship _____

Birthdate _____ Drivers License # _____ State _____ SSN _____

Mailing Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

INSURANCE INFORMATION

Name of insured _____ Relationship to patient _____

Birthdate _____ Social Security No. _____

Name of Employer _____ Employer Phone _____

Address of Employer _____

Insurance Company _____ Group # _____ Union or Local # _____

Ins. Co. Address & Phone # _____

APPOINTMENTS

Our practice makes every effort to make your appointments for treatment as convenient as possible. Our office is open six days a week, including evenings and Saturdays. When you make an appointment at our office, that time is set aside specifically for you (This is one of the reasons that you will rarely have to wait longer than 10 minutes to be seen for your appointments). We ask that you only schedule appointments that you are reasonably sure you can keep.

On occasion, it may be necessary for you to reschedule an appointment. In these instances, we require 24 hours notice in order to make that appointment time available to another patient. Should you fail to keep an appointment or not give us adequate notice of an appointment change, you will be charged a minimum of \$39 for that missed visit. The charge will ultimately depend on the length of the appointment and the circumstances surrounding the change.

Signature of patient or responsible party

Date