

WELCOME

We are pleased to welcome you to our practice. Please take a few minutes to fill this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Patient Information	Patient's Name _____ Soc. Sec. # _____ <small>Last Name First Name Initial</small>
	Patient's Birthdate: _____ Sex: M ___ F ___ Email: _____ Cell# _____
	Home Phone # _____ Residence Address _____
	City _____ State _____ Zip _____
	Patient Employed By: _____ Business Phone # _____
	Spouse's Name _____ SS # _____ Birthdate ___/___/___ <small>Last Name First Name Initial</small>
	Spouse Employed By _____ Business Phone # _____
	In case of emergency who should be notified? _____ <small>Name Address Phone #</small>
Referred by (Who may we thank for referring you?) _____	

Primary Insurance	Person Responsible for Account _____ <small>Last Name First Name Initial</small>
	Primary Dental Insurance Coverage _____
	Secondary Dental Insurance Coverage _____
	Best Time To Be Reached At Home _____
	Preferred Appointment Times _____

Authorization	<ul style="list-style-type: none"> • I authorize the dentist to perform an examination, diagnostic procedures and prophylaxis as may be necessary for proper dental evaluation. • I authorize release of any information concerning my (or my child's) health care, advice and treatment to another dentist. • I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. • I authorize the use of this signature on all insurance submissions. • I authorize the dentist to release all information necessary to secure the payment of benefits. • I understand that I am financially responsible for all charges whether or not paid by insurance.
	Signature _____ Date _____
	<i>Payment is due in full at time of treatment unless prior arrangements have been approved.</i>

Minor	IF YOU ARE UNDER THE AGE OF EIGHTEEN YEARS
	Name of Father _____ SS # _____ Birthdate ___/___/___
	Father Employed By _____ Business Phone # _____
	Name of Mother _____ SS # _____ Birthdate ___/___/___
	Mother Employed By _____ Business Phone # _____