

Patient Introduction

Name _____

Email _____ Cell Phone _____

Preferred Method of Contact: Email Cell Other _____

Occupation _____ Business Phone _____

Soc. Sec. Number _____ Date of Birth _____

Home Address _____

Marital Status _____ Spouse's Name _____

Spouse Occupation _____ Business Phone _____

If Spouse is the Financially Responsible Person:

Spouse's Soc. Sec. Number _____ Date of Birth _____

Cell Phone _____ Email _____

Home Address _____

Dental Insurance Carrier _____

Group Number _____ Subscriber Number _____

Address of Insurance Company _____

Secondary Insurance information _____

Emergency Contact Information _____

How did you hear of our office? _____

Please remember that once an appointment is made, there is a 24-hour notice required in order to avoid being charged.

All accounts are due at the time a procedure is started unless prior arrangements have been made. Finance Charge of 1.5% monthly will be added to unpaid balances of 30 days.

I have supplied all of the above information to the best of my ability and understand that I am ultimately responsible for all charges incurred under the rules set forth above.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and consent to submission of my electronic signature.

Signature (Type your name)

Date