



Getting To Know You As Our Patient

How did you hear about our office?

☐ OUR WEBSITE

☐ FRIEND/FAMILY _____

☐ GOOGLE SEARCH

☐ DENTIST _____ ☐ OTHER: _____

Patient Name: (First)	(MI)	(Last)	Preferred Name:
Address:		City:	Zip:
Birthdate:	Social Security No.		Driver's License No.
Email:	Sex (Circle One): Male Female		Marital Status (circle one): Single Married Divorced

Previous Dentist: _____

Insurance: ☐ I have primary insurance. ☐ I have secondary insurance.

Responsible Party (if different from above):

Name:	Birthdate:	Social Security No.
Driver's License No.	Relation to Patient:	
Address:		

Emergency Contact Name: _____ **Phone:** _____

I hear by authorize and request any exam, x-rays, or diagnostic aids deemed necessary to make a thorough diagnosis. I consent to the use of these by the doctor for scientific papers or demonstrations. Upon diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and employ such assistance as necessary. I agree to the use of anesthetics, sedatives, and other medications as necessary and understand that using these embody certain risks. I understand that I can ask for a complete recital of any possible complications.

I understand if I miss or cancel an appointment with less than 48 hour notice, there will be a failed appointment fee of \$25 per hour scheduled, which I agree to pay before any further appointments can be made.

Patient/Parent/Responsible Party
(I have read and agree to the content, terms, and conditions listed above)

Date