



General • Implant • Cosmetic

Personal Information

Name
I prefer to be called
Single Married Divorced Widowed
Male Female
Birthdate / / Age
SSN#
Street Address
Apt City
State Zip
Home Phone
Cell Phone
Email Address
Employer
Occupation
Work Phone
How did you hear about us?

Parent's Information (if under 18)

Mother Step Mother Guardian
Name Birthdate / /
Home/Cell Work
Employer
SS# DL#
Father Step Father Guardian
Name Birthdate / /
Home/Cell Work
Employer
SS# DL#

Dental Insurance

Primary Dental Insurance

Insurance Co. Name
Insurance Co. Address
Insurance Co. Phone
Group #
Member ID#
Insured's Name
Relation
Insured's Birthdate / /
Insured's SSN#
Insured's Employer
Health Insurance

Spouse Information

Name
Employer
Cell Work
Birthdate / /

Dental History

Who was your previous dentist?
When was your last dental visit?
When was your dental x-rays taken?
Are you currently sensitive or in pain?
Do you like your smile?
How many times a day do you brush?
How many times a week do you floss?

I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. If my bill is placed in the hands of an attorney or collection agency for purposes of collection after default, I promise to pay all reasonable attorneys' fees and all other reasonable collection fees incurred. Furthermore, if a suit is instituted to enforce collection of my bill, I promise to pay all court costs associated with said legal action.

Our office policy is payment in full day of service. 5% discount is offered for cash or check. We accept Master Card and Visa. We also offer 3rd party no interest payment plans.

SIGNATURE

DATE

