

## PATIENT REGISTRATION

Please complete the following confidential information in full. Everyone has individual needs, so we want to give you personal attention to assure you the most comfortable experience as possible.

### Patient Information

Patient Name

Address

City

State

Zip

Best way to contact you

Home

Work

Cell

E-mail

Text

Home Phone

Work Phone

Cell Phone

E-mail address

Social Security Number

Date of Birth

Age

Male  Female

Married  Single  Divorced  Widowed

Current Employer

Occupation

Address

### Responsible Party If Different Than Above

Name

Date of Birth

Social Security Number

### Dental Insurance

Subscriber Name

Subscriber Date of Birth

Subscriber Identification Number

Subscriber Employer

### Previous Dentist Information

Name of previous dentist

Date of last visit

Reason for change

### Who may we thank for referring you?

Friend's Name

Office Sign

Website

Internet search

Billboard

Mail

### Emergency Contact Information

Name

Relationship

Phone Number

### CONSENT FOR TREATMENT

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis.
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents entails certain risks. I understand that I can ask for a complete recital of any possible complications.
4. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1-1 ½% late charge (18% APR) may be added to my account.

Patient Signature \_\_\_\_\_ Parent or Guardian \_\_\_\_\_