KAY & MORRIS ORTHODONTICS

25 Boulder Hill Pass, Montgomery, IL 60538 (630)-896-2779 www.kmbraces.com
100 S Latham, Suite 205, Sandwich, IL 60548 (815)-786-7232 info@kmbracess.com

PATIENT INFORMATION

Please print legibly

Title__________ Legal Name____
First Middle Last

Nickname______________________ Birthdate____/____/____ ☐ Male ☐ Female

Address____

City______________________________ State______________ Zip______________

Home Phone ( )______________ Cell Phone ( )______________ Last 4 digits of SS#______________

Employer of Patient______________________________ Work Phone ( )______________

Dentist Name______________________________ Dentist Phone ( )______________

Dentist Address____________________ City______________ State__________ Zip__________

Emergency Contact Person______________________________ Phone ( )______________

Family members seen by our office____

Who referred you to our office?____

FAMILY CONTACT INFORMATION

#1 Circle One: Mr. / Mrs. / Ms. / Dr. / Rev. / Miss

Full Legal Name____
First Last

Relationship to Patient ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian ☐ Spouse ☐ Other

Address______________________________ City______________ State____ Zip__________

Home Phone ( )______________ Cell Phone ( )______________ Last 4 digits of SS#__________

Employer______________________________ Work Phone ( )______________ Ext__________

#2 Circle One: Mr. / Mrs. / Ms. / Dr. / Rev. / Miss

Full Legal Name____
First Last

Relationship to Patient ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian ☐ Spouse ☐ Other

Address______________________________ City______________ State____ Zip__________

Home Phone ( )______________ Cell Phone ( )______________ Last 4 digits of SS#__________

Employer______________________________ Work Phone ( )______________ Ext__________

#3 Circle One: Mr. / Mrs. / Ms. / Dr. / Rev. / Miss

Full Legal Name____
First Last

Relationship to Patient ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian ☐ Spouse ☐ Other

Address______________________________ City______________ State____ Zip__________

Home Phone ( )______________ Cell Phone ( )______________ Last 4 digits of SS#__________

Employer______________________________ Work Phone ( )______________ Ext__________

PLEASE TURN OVER AND COMPLETE OTHER SIDE→

[Type text]

Family Name______________________________ **Date**______________

Please list any other family members (that we have already seen as patients) that we can update:

1) ______________ **2)** ______________ **3)** ______________ **4)** ______________

RELEASE OF INFORMATION

I give the office of Kay & Morris Orthodontics permission to release and/or discuss patient treatment information to the following (must be 18 years or older):

1. **Name**______________________________ Relationship to Patient______________
2. **Name**______________________________ Relationship to Patient______________
3. **Name**______________________________ Relationship to Patient______________
4. **Name**______________________________ Relationship to Patient______________

Treatment information may include: insurance information, billing information, medical history, treatment history, and/or diagnosis and treatment planning.

TEXT / EMAIL CONTACT INFO

We have the ability to remind you of appointments, send you statements and other correspondence via text messaging and/or email. Please fill out the information below in order for us to communicate with you more efficiently. Please provide only one cell phone number and email address per recipient.

Name ______________________________ Relationship to Patient______________

Cell Phone # ______________________ AT&T Sprint Verizon T-Mobile Other __________

Email Address ____

Name ______________________________ Relationship to Patient______________

Cell Phone # ______________________ AT&T Sprint Verizon T-Mobile Other __________

Email Address ____

Name ______________________________ Relationship to Patient______________

Cell Phone # ______________________ AT&T Sprint Verizon T-Mobile Other __________

Email Address ____

☐ I decline email correspondence. By checking this box, I am indicating that I prefer correspondence to be mailed, and I acknowledge that Kay & Morris Orthodontics does NOT mail statements. Paper statements are provided by request during appointments.

I verify that I am legally responsible for the above patient(s) and take responsibility that the contacts given above have my permission to view the specified information from Kay & Morris Orthodontics. Furthermore, I am aware that the phone service providers named might charge the recipient for text messages.

HIPAA ACKNOWLEDGEMENT

I have been offered a copy of this orthodontic practice's privacy, security and breach notification policies and procedures. I understand that I should ask the practice's Privacy Official if I have any questions about these policies and procedures.

I verify that I am legally responsible for the above patient and have completed this form as accurately as possible.

Parent Signature ______________________________ Date ______________

Relationship to Patient ______________________

Patient Signature ______________________________ Date ______________

(if over 18 years old)