

Were you referred by one of our Patients?

- Yes, Whom may we thank? \_\_\_\_\_
- No, How did you find us? \_\_\_\_\_

**Patient Information**

Patient's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M / F  
 Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 In case of emergency, who should we notify? \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

**Insurance Information (responsible party)**

Insurance Co. \_\_\_\_\_ Group/Policy #: \_\_\_\_\_  
 Name of Employee \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F (circle one)  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Patient's relationship to above employee:  Self  Spouse  Child  Other \_\_\_\_\_

**I hereby authorize the release of any information including the diagnosis and the records of any treatments or examinations rendered, to my insurance company or companies. This release is solely for the purpose of facilitating the billing and reimbursement, directly to the dentist, of insurance benefits under which I am entitled**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

SIGNATURE OF PATIENT (or Signature of responsible party if patients is a minor)

**Second Insurance Information (if applicable)**

Insurance Co. \_\_\_\_\_ Group/Policy #: \_\_\_\_\_  
 Name of Employee \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F (circle one)  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Patient's relationship to above employee:  Self  Spouse  Child  Other \_\_\_\_\_

**Acknowledgment of Receipt of Dental Material Fact Sheet and Notice of Privacy Practices**

**Dental Material Fact Sheet**

I acknowledge that I have received a copy of the **Dental Material Fact Sheet Dated May 2004.**

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Notice of Privacy Practices**

I acknowledge that I have received a copy of this office's **Notice of Privacy Practices.**

Signature \_\_\_\_\_  
Date \_\_\_\_\_