Richard K. Parris, D.D.S.

PATIENT INFORMATION

Mr./Mrs./Miss./Ms./Dr.________________ Age ______ Birthdate __________ Marital Status: M S W D

Home Address________________ City__________ Zip______ Phone__________

Driver's License__________

Employed by________________ Occupation__________

Business Address________________ City__________ Zip______ Phone__________

Name of Spouse/Parent________________

Spouse/Parent Employed by________________ Occupation__________

Business Address________________ City__________ Zip______ Phone__________

red by________________ Name of your General Dentist__________

INSURANCE INFORMATION

Insured Person's Full Name________________ Birthdate__________ Social Security Number__________

Insurance Company Name________________ Group or Union Name__________

Group or Local Number________________ Relationship to Patient__________

Do You Have Other Dental Coverage? Yes No

Insured Person's Full Name________________ Birthdate__________ Social Security Number__________

Insurance Company Name________________ Group or Union Name__________

Group or Local Number________________ Relationship to Patient__________

EMERGENCY INFORMATION

Next of Kin/Emergency Contact (other than responsible party)

Name________________ Home Phone__________ Work Phone__________

Address________________ City__________ Zip__________

Relationship to Patient________________

FOR ALL PATIENTS

I hereby authorize the doctor to perform any and all forms of treatment, medication, and therapy, that may be indicated in connection with the dental care of the patient above and further authorize and consent that the doctor chooses and employs such assistance as he deems fit. I also understand that prior to treatment, full explanation of the procedure(s) involved will be given by the doctor and/or his staff. I understand that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees. This office will assist me in the preparation of insurance forms to help obtain benefits from insurance companies. I am aware, however, that insurance benefits often do not cover the total fee.

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Date Signature of Responsible Party Relationship