

Welcome to our Office

ALAA MOUSTAFA, DDS, MS

Board Certified Prosthodontist

Patient Information Form

Patient Name: First _____ Last _____ Nickname _____

Date of Birth: _____ Male Female

Cell Phone: _____ Home Phone: _____

E-mail address: _____

Address: Street _____

City _____ State _____ Zip _____

How would you like us to confirm your appointment?: Phone texting

Is the patient a Minor? Yes No

Name of guardian: First _____ Last _____

Relationship to Patient: _____

How did you hear about our office _____

_____ **Dental Benefit Plans:** Your dental benefit is a contract between you or your employer and the dental benefit plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage. We will submit your insurance claims as a courtesy to you, benefit verification is not a guarantee of coverage by the insurance company, the patient is responsible for the account balance.

_____ **Rescheduling an Appointment:** We reserve the doctor and hygienist's time on the schedule for each patient procedure and are diligent about being on-time. To maintain the utmost service and care, we do require 24-hours notice to reschedule an appointment. A missed appointment or late cancellation fee of \$50 will be assessed for any notice less than 24 hours.

_____ **Unencrypted email** is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties, however, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

_____ I hereby acknowledge that a copy of this practice's **Notice of Privacy Practices** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice.

_____ I hereby acknowledge that a copy of this practice's **Dental Materials Fact Sheet** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Fact Sheet.

Signature _____ Date _____