

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Nickname/Preferred Name: _____ Male _____ Female _____

Married _____ Single _____ Child _____ Other _____ Birthdate: ____/____/____

If married, name of spouse: _____

SS# _____ Driver's License# _____

Address: _____ City: _____ State: _____ Zip: _____

For your convenience, please indicate your Email address so that we may send you appointment reminders, newsletters, contests and other communications _____

Home Phone#: _____ Work Phone#: _____ Ext.: _____

Fax#: _____ Pager#: _____ Cell#: _____

Occupation: _____ Employer: _____

Are you available for appointments on short notice? Yes _____ No _____

RESPONSIBLE PARTY INFORMATION (IF DIFFERENT FROM ABOVE)

Relationship to patient: _____

Last Name: _____ First Name: _____ MI: _____

Nickname/Preferred Name: _____ Male _____ Female _____

Married _____ Single _____ Child _____ Other _____ Birthdate: ____/____/____

SS# _____ Driver's License# _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address (for Internet communications) _____

Home Phone#: _____ Work Phone#: _____ Ext.: _____

Fax#: _____ Pager#: _____ Cell#: _____

Occupation: _____ Employer: _____

Who may we thank for referring you to our office? _____

I authorize this office to provide any insurance company, health care service plan, self insurers, or their representatives, any and all information and records about my medical history, or about services rendered or treatment given to me that is needed to review, investigate or evaluate any claims for benefits.

As routine procedure we take digital photos of the majority of our adult patients' teeth. After your review and concurrence, may we make them available to educate others on our cosmetic and/or other restorative procedures?

- in our office? Yes No
- on our VIPDentalCare.com website? Yes No
- in our outside advertising? Yes No

Patient's Signature

Date _____