

Legal Name: Last Name _____ First Name _____ Mid Name _____			Date of Birth: _____ / _____ / _____	Sex _____
Social Security # _____ - _____ - _____		Prefer to be called _____ Home Phone (____) - _____ - _____		Cell Phone (____) - _____ - _____
Home Address _____		City _____	State _____	Zip _____
Marital Status _____ Patients/Guardians Employer _____			Occupation _____	
Work Address _____		City _____	State _____	Zip _____
Spouses: Last Name _____ First Name _____ Mid Name _____			Occupation _____	
Spouses Employer _____			Work Phone (____) - _____ - _____ Ext. _____	
Work Address _____		City _____	State _____	Zip _____
Other family members that are patients here _____			Who can we thank for referring you to our office? _____	

EMERGENCY CONTACT INFORMATION

Person we may contact in case of an emergency (Other than your family home)

Name _____		Relationship _____	
Home Phone (____) - _____ - _____	Cell Phone (____) - _____ - _____	Work Phone (____) - _____ - _____ Ext. _____	

REQUEST FOR CONFIDENTIAL COMMUNICATION

As my dental care provider you may do the following with my permission

- YES/NO
- Contact me at home
- Contact me via cell phone
- Contact me at work
- Contact me via e-mail
- Leave messages on my home voicemail/answering machine
- Leave messages on my cell phone voice mail
- Leave messages on my work voicemail/answering machine

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand I have the right to refuse to sign this document and that my treatment will not be conditioned on signing. Authorization is in effect until revoked.

Signature: _____

Date: _____

