



PERSONAL INFORMATION

Dr./Mr./Mrs./Ms./Miss _____

What name shall we call you? _____ Date of Birth ____/____/____

Home Phone (____) _____ Mobile Phone (____) _____

Email Address _____

Home Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Work Phone _____

Work Address _____ City _____ State _____ Zip _____

Spouse's Name _____ Parent/Guardian name _____

Name of Dental Insurance _____ Group No. /ID Number _____

Person to Contact in Case of Emergency _____ Relation _____ Phone _____

WHO MAY WE THANK FOR REFERRING YOU? _____

To avoid any misunderstanding regarding your dental insurance, we wish our patients to know that all **professional services are charged directly to the patient and the patient is responsible for payment of fees.** We do not render services on the basis that the insurance companies will pay our fees unless a pre-determination of benefits has been established. We will assist you in filing all insurance forms. **Payment is due when services are rendered unless other arrangements have been made.**

I hereby authorize Dr. Davies to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Davies to make a thorough diagnosis of my dental needs. I also authorize Dr. Davies to prescribe any and all forms of medication, and perform any therapy that may be indicated and agreed upon.

I further authorize the release of any information, including the diagnosis and the records of any treatments or examinations rendered, to my insurance or consulting professionals. The release to the insurance company is solely for the purpose of facilitating the billing and reimbursement directly to the dentist of insurance benefits under which I am entitled. I understand that responsibility for payments for dental services provided in this office for me or my dependents is mind, due and payable at the time services are rendered.

Signature of Patient or Responsible Party _____ Date _____