

New Patient Account Information

Who will be responsible for the patient's dental expenditures?

Name

Address

City

State

Zip

Social Security #

Driver's License #

We accept payment by cash, check, Visa, MasterCard, American Express, Discover, Care Credit and Dental Fee Plan

Your initial visit will entail a comprehensive examination and any necessary radiographs to diagnose dental disease or a limited examination and treatment to relieve pain or discomfort. Payment for this first visit is expected at the time of service. After all data has been gathered, a follow up consultation appointment may be necessary to discuss our findings and our fees. We invite you to discuss any questions regarding our services and fees.

We understand that your time is very valuable and as such we make appointments to suit your specific needs and available times. We are committed to treating your time with the utmost respect and we ask the same from you. We require 48 hours notice if you need to change an appointment and a courtesy call if you are going to be more than 5 minutes late. Cancellations, no shows and lateness affect other patients as well as the office schedule. To minimize the risk, we ask that you schedule appointments at times that you know will not be affected by other interruptions. We do realize that emergencies may arise and we will make every effort to accommodate your needs; however a charge will be incurred for no shows and last minute, non-emergency cancellations.

I authorize any necessary radiographs and supportive documentation necessary to allow the doctors to diagnose my dental needs. I am aware that, if necessary, a consultation/treatment planning appointment will be scheduled so that I can make an informed decision on additional treatment.

I have read and understand the above information. By my signature below I consent to the treatment described above.

Patient or Parent (if minor)

Date

Reviewed by

Date