

PATIENT INFORMATION (Please Print)

Name _____
(Last, First, Middle) (Nickname)

Address _____

City _____ State _____ Zip _____

Email _____ Phone (H) _____

Employer _____ Phone (W) _____

Address _____

Date of Birth _____ Present Age _____ Cell Phone _____

Male Female Soc. Sec. # _____

Married Single Divorced Separated Widowed Minor

Number of Children _____ Previous Dentist _____

PERSON RESPONSIBLE FOR ACCOUNT

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Employer _____ Birth Date _____

Soc. Sec. # _____ Drivers Lic.# _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Birth Date _____

Soc. Sec. # _____ Drivers Lic.# _____

PAYMENT WILL BE MADE BY

Cash Check Credit Card

DO NOT WRITE BELOW THIS LINE

MEDICAL ALERT

Allergies _____

Precautions _____

Premedication _____

Nitrous Oxide Yes No

Nasal Inhaler Minute Vol. _____ N20 _____ O2 _____ LF/M

Cannula N20 LF/M _____

DENTAL INSURANCE

Name _____ Phone # _____

Primary _____

Secondary _____

IN CASE OF EMERGENCY CONTACT

Name Nearest Relative _____

Address _____ Phone _____

Other _____

YOUR FAMILY PHYSICIAN IS _____

WHO REFERRED YOU TO OUR OFFICE

Name _____ Relationship _____

Address _____

AUTHORIZATION (Please read the following information carefully)

I grant authority to Dr. Maxwell to perform procedures and treatments, including administration of medicine, local and general anesthetics, and extractions along with other surgical and dental procedures that may be necessary.

I/we hereby authorize release of any information relating to dental treatment and dental claims. I/we understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependants.

I authorize payment of all dental insurance benefits directly to:
Jimmy F. Maxwell, D.M.D., P.C.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS _____