



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security: \_\_\_\_\_

Employer: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_  Check to receive emailed appt reminders

Previous Dentist: \_\_\_\_\_ Location/Phone #: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

How did you hear about us?

Google  Our Website  Facebook  Walked by  Ad \_\_\_\_\_ (please specify)

Friend/ Family/ Coworker --- Who may we treat for referring you to us? \_\_\_\_\_

**Receipt of Privacy Practice and Financial Policy**

I have read and have access to the notice of HIPAA Privacy Practices and Financial Policy used by Falls Park Dentistry.  YES  NO

I authorize the release of my medical information to my insurance company should it be required for payment of my claim.  YES  NO

Falls Park Dentistry will leave a general message prior to appointments. I authorize detailed messages and/or conversations regarding my treatment, clinical concerns, etc to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Falls Park Dentistry uses a software to send appointment reminders via text and email. I understand I can edit my preferences directly to opt out of text or email reminders.

I authorize Falls Park Dentistry to send annual appointment reminders via Postcard.  YES  NO

I UNDERSTAND THAT THESE AUTHORIZATIONS ARE IN EFFECT UNTIL REVOKED BY ME IN WRITING

Date \_\_\_\_\_ Signature \_\_\_\_\_