



MID BAY DENTAL

COMPREHENSIVE DENTAL WELLNESS

Date: _____ Patient's Name: _____
☐ Male ☐ Female Date of Birth: _____
Address: _____ Home Number: _____
City: _____ State: _____ Zip Code: _____ Work Number: _____
☐ Minor ☐ Married ☐ Single Cell Number: _____
Social Security Number: _____ Email: _____
Place of Employment: _____ Which Confirmation Methods do you Prefer?
☐ Phone ☐ Text ☐ Email

Who may we thank for referring you to our office? _____
Primary Dental Insurance: _____ Subscriber #: _____ Group #: _____
Secondary Dental Insurance: _____ Subscriber #: _____ Group #: _____

Responsible Person For Account

<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Spouse	<input type="checkbox"/> Same as Patient
Name: _____ DOB: _____		
Address: _____ City: _____ State: _____ Zip: _____		
Home #: _____ Work #: _____ Cell #: _____ SS #: _____		
Employer: _____		
Primary Dental Insurance: _____ Insurance Phone #: _____		
Subscriber/Member ID: _____ Group #: _____		

Emergency Contact Name: _____ Phone #: _____

I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. Patient portion is due in full at the time of service. The information provided on all forms are correct to the best of my knowledge. I grant the right to the Dental Office to release dental/medical information including diagnostic records and photographs to third party payors or other health care professionals in consultation or as educational material. I understand it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent. I also give permission for the doctor or their staff to use any photos taken for lecturing, publishing, educational or promotional purposes.

Name of Patient,
Parent or Guardian: _____ Signature: _____