



Tell Us About Yourself

Name: _____
Last First MI Title

Preferred Name: _____

Address: _____ City _____ State _____ ZIP _____

SSN: _____ DOB: _____ Male Female

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ (Please print clearly)

Do you prefer to be contacted for appointment confirmation via e-mail, text or phone? _____

Employer: _____ Occupation: _____

How did you hear about our office? Family/Friend Internet/Website Yelp Mail Insurance Physician

If you were referred by a friend or family please share their name so that we may thank them: _____

Primary Insurance

Insurance Company Name: _____

Subscriber Name: _____ Relationship to Patient: _____ Subscriber DOB: _____

Subscriber SSN/ID: _____ Subscriber Employer: _____

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to 2K Fullerton Dental all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____

Relationship: _____ Date: _____

Consent

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

Patient/Guardian Signature: _____