

FINGERLAKES ENDODONTICS

Practice Limited to Endodontics

Date: ____/____/____ Patient SSN: ____-____-____ Date of Birth: ____/____/____

Patient Name: _____ Middle initial: ____ / M ____ F ____

Patient Address: _____ City/State: _____ Zip Code: _____

Home Phone: (____) ____-____ Business Phone: (____) ____-____ Cell: (____) ____-____

Employer Name: _____ Occupation: _____

Employer Address: _____ City/State: _____ Zip Code: _____

Spouse Name: _____ Employer: _____ Business Phone: (____) ____-____

Responsible for payment – Name: _____ SSN: ____-____-____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: (____) ____-____ Business Phone: (____) ____-____ Cell: (____) ____-____

Person To Contact in Emergency: _____ Phone: (____) ____-____

Medical Physician: _____ Phone: (____) ____-____

Referring Dentist: _____ Phone: (____) ____-____

Pharmacy: _____ Address: _____

DENTAL - Primary Insurance:

Insurance Company: _____ ID#: _____ Group #: _____

Address: _____ City/State: _____ Zip Code: _____

Name of Insured: _____ Relationship to Insured: _____

Insured Date of Birth: ____/____/____ SSN: ____-____-____ Employer: _____

DENTAL - Secondary Insurance:

Insurance Company: _____ ID#: _____ Group#: _____

Address: _____ City/State: _____ Zip Code: _____

Name of Insured : _____ Relationship to Insured: _____

Insured Date of Birth: ____/____/____ SSN: ____-____-____ Employer: _____

Privacy Practice Acknowledgement

I have received and understand this practice's Notice of Private Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, individual rights, how I may exercise these rights and the practice's legal duties with respect to my information. I understand that the practice reserves the right to change the terms of its Notice of Privacy Practices and will provide me with a revised notice upon request.

Signature: _____

Date: ____/____/____

Patient /Guardian / Parent if patient is a minor