

Patient Information

Name:	_____	Birthdate:	_____	Date:	_____
Residence Address:	_____				
SS#:	_____	Employer	_____	City	_____
				Zip Code	_____
Home Phone:	_____	Cell Phone	_____	Bus. #:	_____
Employer Address:	_____				
Occupation:	_____	Spouse/or Closest Relative:	_____	City	_____
				Zip Code	_____
Contact #:	_____				

Dental Insurance Information

Who is responsible for this account?	_____	Relationship to Patient:	_____				
Insurance Co.:	_____	Group/Policy#:	_____				
Name of Subscriber	_____	Subscriber Birthdate:	_____	SS#:	_____		
Employer	_____	Is patient covered by additional insurance?	_____	Yes	_____	no	_____
Assignment and Release:							
I certify that I, and/or my dependent(s), have insurance coverage with _____							
Name of Insurance Company							
And assign directly to Nusmile 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 authorize the use of my signature on all insurance submissions. The above-named dentist may use my health care information and may disclose such information to the above-named Insurance Company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.							
_____					Signature of Patient, Parent, Guardian or Personal Representative		Date
_____					Please print name of Patient, Parent, Guardian, or Personal Representative		Date

Dental History

How did you hear about our office?	_____		
Are you currently under the care of any other dentist?	_____		
Do you have your teeth cleaned regularly?	_____	Where?	_____
Are you unhappy with the appearance of your teeth	_____	Do you think dental implants would be beneficial for you?	_____

Why are you seeking dental treatment at this time?	_____		

What are the results you would most like to achieve?	_____		

Is there anything else you would like to change about your teeth or smile?	_____		

Have you ever teeth whitened?	_____	Are you interested in teeth whitening?	_____