

Briar Pointe Dentistry
Please tell us about yourself:

Name: _____ Occupation: _____
Address: _____ Employer: _____
City, Zip: _____ Work Address: _____
Home Phone: _____
Cell Phone: _____ Work Phone: _____
Emergency #: _____
Date of Birth: _____
E-Mail Address: _____
Hobbies, Interests: _____
How did you hear about our office: _____
Responsible party SS# for billing: _____
MEDICAL INFORMATION: (Please ask for long form if you have many
medical problems)
Are you currently under active medical care?
Name of Physician? _____ Phone: _____
Circle if you have a history of: Heart Disease/ Liver or kidney problems/
High Blood Pressure/ Psychiatric Care/ Substance Abuse/ AIDS/HIV+
Artificial Joints/ COPD/ Cancer/ Diabetes/Sleep Apnea
Please list any other medical conditions: _____
Please list all medications: _____
Please list any drug allergies: _____ Latex? _____

A FEW QUICK DENTAL QUESTIONS:

What can we do for you today? _____
Date of last dental visit? _____
What was done? _____

Some expectations we have of you:

- 1) We expect that you will keep your appointments and be on time, and we will strive to be on time for you. There is a charge for missed appointments.
- 2) It is very important to complete your treatment and not stop half way through. That can be worse than doing nothing at all.
- 3) We will provide you with an estimate of the cost of treatment. It is your bond of trust to pay for any services received. If you have insurance, your insurance company may send less than we expect or nothing at all, in which case you are responsible for the balance. Accounts over 90 days old will be sent to collections and a 30% fee, plus any attorney costs, will be added to cover collections.

I consent to the use of my health information in order to carry out treatment and for billing purposes. I have the opportunity to read the Notice of Privacy Practices at Dr. Blavin's office.

This information is accurate and true to the best of my knowledge:

Signature: _____ Date: / , 20