Bartlett Dental Care - Patient Information

PATIENT INFORM	MATION						
	Married	Single	Minor	Ma	le [Female	
NAME:							
		Street A					
					City	State	Zip
BIRTHDATE:	Mo/Day/Yr	SOC SE	C#:	HON	1E PHONE#:		
E-MAIL ADDI	RESS:			CELL	.#:		
EMPLOYER:				PHO	NE#:		
ADDRESS:_		Street		Ci	v	State	Zip
ACCOUNT INFOR			la for Billing		,	Olate	2.15
ACCOUNT INFOR	IWATION (Pers	son Responsi	ile for billing)			
NAME:							
ADDRESS:_	-	Street A	n till	City		State	7:
RIRTHD∆TE∙			ρι# `# .	City			Zip
DIKTIDATE.	Mo/Day/Yr	300 320	<i>σ</i> #	HON	IL FHONE#.		
EMPLOYER:				PHON	IE#:		
ADDRESS:				<u> </u>			
_	5	Street		City		State	Zip
Who may we	thank for referrin	ng you to our offic	e?				
Do you have	Dental Insurance	e? Yes	No				
ABOUT FINANCIA		_					
				ndered unless pa l, Visa or Discove		ements have	been approved
				t charge of 1 1/29 48 hours advance		. Charges ma	ay be incurred
AUTHORIZATION							
understand the medications a	nat I am responsi and perform such	ble for all costs on diagnostic and t	f dental treatm herapeutic pro	the group insurar ent. I hereby auth cedures as may b to the best of my k	orize the den e necessary f	tal office to a	dminister such
	. 0		•	·	lowleage.		
IN CASE OF AN E	MERGENCY T	THE PERSON 1	O CALL (No	t Living with			
You) NAME:				PHC	NE#:		
ADDRESS:							
ADDITEOU	5	Street A	pt#	(City	State	Zip
SIGNATURE OF F	RESPONSIBLE	PARTY					
Υ				Data			
Λ <u></u>		Detient					
Adult		Patient	Fath	er (or Husband)	Mother (d	or Wite)	Guardian

OFFICE USE ONLY

UPDATE

Account #	Doctor	Update	Add On	New	Risk	Initials		

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