

WELCOME to the dental practice of Dr. Mindy Munowitz. Thank you for selecting our dental healthcare team. We are committed to assisting our patients in achieving their dental goals, in a comfortable environment, providing the finest value, using the best dental technology available. If we may assist you in any way, please let us know. We are here to serve you. We appreciate Your completing the following information so we may provide you with the most effective and efficient service.

1. Personal Information

Name _____

Date _____

Please call me

____ male ____ female spouse's

name _____

Address _____

City _____ State _____ Zip _____

Referred

by _____

Birthdate _____ Social Security # _____

Employer _____ Occupation _____

2. Contact Information

Phone: Home _____ Work _____ Cell _____

Where do you prefer to receive calls? ____ Home ____ Work ____ Cell

When in the best time to reach you? Time _____

Days _____

Fax _____ E-

mail _____

Best way to reach me (check all that apply) ____ Phone ____ Fax ____ E-mail

In the event of an emergency, whom should we contact?

Name _____ Relationship _____

Work number _____ Home

number _____

3. Financial Responsibility

If someone other than you is financially responsible for your dental care, please complete the following section.

Name _____ Relationship _____

Address _____		
City _____	State _____	Zip _____
Birthdate _____	Social Security number _____	Driver's License _____
Employer _____	Occupation _____	
Work Phone _____	Home Phone _____	

I authorize the dentist to release any information including diagnosis and records of any treatment or examination rendered to me or my child to any other health practitioners as deemed necessary for treatment. For your convenience, we accept cash, check or credit cards. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X _____
Signature of patient, parent, or guardian