

Welcome to Danube Dental Clinic

In an effort to serve you better, we would ask that you complete the following. We will be glad to assist you. **Please Print.**

Name: _____				
First	Initial	Last		
Address: _____				
Street	Apt.	City	Prov.	Postal Code
Date of Birth ____/____/____		Home Tel.(____) _____	Work Tel.(____) _____	
Email: _____			Cell # _____	
Emergency contact: _____			Tel. (____) _____	
Family Doctor: _____			Tel.(____) _____	
Referring Person: _____				

Financial Information:				
Method of payment: Cash _____ Cheque _____ Credit Card _____ Insurance _____ Other _____				
Person Responsible for financial matters: Self _____ Spouse _____ Parent/Guardian _____ Other _____				

Primary Insurance:	
Ins. Company _____	
Employer/Policy Holder _____	
Policy/Group # _____	Certificate # _____

Secondary Insurance	
Ins. Company _____	
Employer/Policy Holder _____	
Policy# _____	Certificate# _____

General Consent Statement

I certify that I have read, understood and accurately completed the personal, medical, and dental histories, to the best of my knowledge, and have not knowingly omitted any information. This information has been reviewed with me, and I have had the chance to ask questions and to receive answers regarding any medical and dental histories. As may be required, I consent to my physician being contacted regarding any specific medical question. I authorize the dentist to perform necessary diagnostic procedures and treatment, including general or local anesthetic, as required, to achieve the diagnostic procedures and treatment, including general or local anesthetic, as required, to achieve the proper level of dental care. I understand that I am financially responsible to the dentist for the dental services provided even if my insurance coverage may not be all inclusive. I know that your office has a privacy code, and I can ask to see the code at any time. I agree that your office can collect, use and disclose personal information about me as set out in your office privacy policy.

Signature: Self __ Parent/Guardian _____ Print Name _____ Date _____

