

ACCOUNT NO.

WELCOME TO

*All Seasons Dental Clinic*

Dr. Greg Wolfram Dental Corporation

The following information is required by the dentist to thoroughly diagnose any condition and give you personal attention. The information may be vital in case of an emergency, so please complete all questions. Please feel free to ask the receptionist for help with the form.

**PERSONAL HISTORY:**

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

Business Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Ph. No. \_\_\_\_\_

Patient Birthdate y \_\_\_\_ m \_\_\_\_ d \_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate y \_\_\_\_ m \_\_\_\_ d \_\_\_\_

Spouse's Business Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Ph. No. \_\_\_\_\_

Do you have dental insurance? \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Group/Plan No. \_\_\_\_\_ ID/Contract No. \_\_\_\_\_

Does your Spouse have separate insurance? \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Group / Plan No. \_\_\_\_\_ ID / Contract No. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

Person responsible for patient's account \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

**PERMIT FOR OPERATION**

This is to certify that I, undersigned, consent to performing of the dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anaesthetic as indicated. I agree to pay for all dental procedures performed for myself and/or any person whom I am legal guardian or parent. I agree to and understand that a 2% per month service charge for interest will be my responsibility for any account of more than 60 days past due.

**OFFICE POLICIES**

We require 2 business days notice for a cancellation, otherwise there will be a charge for the missed appointment. Please discuss our policy regarding insurance forms and fees with the account manager.

Patient (Parent) Signature \_\_\_\_\_ Date \_\_\_\_\_