



PATIENT INFORMATION

Welcome to Lakeside Family Dental Care!

Patient's Name _____ Date of Birth _____
Address _____ Home Phone# _____
City _____ Zip _____ Cell Phone# _____
Occupation _____ Driver License# _____
Spouse's Name _____ Social Security# _____
How did you hear about our office? _____
Dental Insurance Company _____ Policy# _____
Employer _____ Work Phone# _____
Physician's Name _____ Last Seen _____
In Case of Emergency, contact (Name) _____
Relationship _____ Phone# _____

RESPONSIBLE PARTY INFORMATION

(IF INSURER IS DIFFERENT THAN ABOVE PLEASE FILL OUT BELOW)

Dental Insurance Company _____ Policy# _____
Employer _____ Work# _____
Relationship to Patient _____ Home Phone# _____
Name _____ Cell Phone# _____
Address _____ Date of Birth _____
City _____ Zip _____ Driver License# _____
Social Security# _____

RESPONSIBILITY AND CONSENT STATEMENT

I hereby authorize and request the performance of dental services for myself or for:
_____ Age: _____ Age: _____ Age: _____
I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered at the time services are performed. Furthermore, it is my understanding that if any portion of my balance remains unpaid over 60 days, a late charge of 1.5% will be assessed monthly against the outstanding balance of my account. If my account remains unpaid, I will also be responsible for any and all collection costs and reasonable attorney's fees incurred to collect debt. There will be a charge of \$30.00 for returned checks plus any bank service charges. I have read and understand all the information and have completed the above answers. I certify this information is true and correct to best of my knowledge. I will notify you of any changes in health status or the above information.

(Signature of responsible party)

Date

(Relationship to other(s) named)

We appreciate your confidence in us.

We strive to provide our patients with highest quality dental care using the most advanced technology.

THANKS FOR CHOOSING LAKESIDE FAMILY DENTAL CARE!