Lakeside
FAMILY DENTAL CARE

Welcome to Lakeside Family Dental Care!

Patient Information

Patient's Name_____ Date of Birth_____
Address_____ Home #_____
City_____State_____Zip_____ Cell # _____
Email_____ Marital Status _____
How did you hear about us? _____ Social Security # _____
Employer _____ Work # _____
Physician's Name _____ Last Seen _____
Emergency Contact _____ Phone # _____

RESPONSIBLE PARTY INFORMATION

Dental Benefits_____ Policy # _____
Employer _____ Work Phone # _____
Name _____ Social Security # _____
Relationship to patient _____ Date of Birth_____
Home #_____ Cell # _____

RESPONSIBILITY AND CONSENT STATEMENT

I hereby authorize and request the performance of dental services for myself or for

_____Age _____

I understand and agree that (regardless of my dental benefits status), I am ultimately responsible for the balance on my account for any professional services rendered at the time the 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 all collection costs and reasonable attorney's fees incurred to collect debt. There will be a charge of $36.00 for returned checks plus any bank service charges. I understand that it is my responsibility to honor my reserved appointment time that I have committed to on your schedule. I am aware that if I am unable to make that committed appointment, then I must give a 24-hour notice or I will be charged a $35.00 broken appointment fee. I understand that prices are subject change without notice. I have read and understand all the information and have completed the above answers. I certify this information is true and correct to the 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 named

We appreciate your confidence in us. We strive to provide our patients with the highest quality dental care using the most advanced technology.

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THANK YOU FOR CHOOSING LAKESIDE FAMILY DENTAL CARE!