Patient Information Sheet

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<u>Patie</u>	ent Information	Patient
Name:		Fatient
	Apt #:	Chart #
City:	State: Zip:	
	Date of Birth:	
	Work #:	
	Texting OK? □Yes □No	☐ Denti-Cal
E-Mail Address:		
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Name:		SSN:
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	Work #:	D
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How do you prefer we co		City:
☐ Home Phone ☐ Wor	k Phone	Insurance Cor
Employment	☐ Patient ☐ Responsible Party	
Employer:		Secondary In
	How Long?	Insurance Cor
		City:
	State: Zip:	Insurance Cor
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<u>Emer</u>	Insured's Date	
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	Work #:	□ 1-800-Der
Mobile #:		☐ Sign/Build
		☐ Yellow Pa
Physician Name:	Phone #:	☐ Family/Fri
company. I hereby authorize payment din I authorize release of any information rel West Coast Dental and any of its affiliate or other electronic message for any purp I also agree that West Coast Dental and a	on is accurate and may be relied upon for granting credit and precely to this professional dental corporation any insurance beneating to any dental claim or claims. By providing the number of est, agents, service providers or assignees may call me using an ose related to the servicing or collection of any account that I may of its affiliates, agents, service providers or assignees may it ental may monitor and record any telephone calls to assure the	efits otherwise payable to mean of my land line, cell phone of automatic telephone dialing hay establish with West Coasinclude my personal informatic telephone dialing hay establish with West Coasinclude my personal informatic telephone dialine my personal informatic management.

Chart #:	Patie	nt Name: _		
Denti-Cal	Chart			
Denti-Cal	<u> </u>	Insurat	ace Coverage (check	one)
Insured Party Information Only (if applicable) Name:	—	<u></u>		
Name:	, Denu-		-	
Address: City:	— Name:	'		
City:	1 1			
SSN:				
Employer:				
Primary Insurance Company: Insurance Company Address: City:	I I			
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How did you hear about us? 1-800-Dentist Flyer/Ad Insurance /Plan Referral: Sign/Building Marketing Representative: Yellow Pages Employer DDS Referral: Family/Friend Website Providing dental services. I understand that I am financially responsible for the charges not covered by or paid for by my intensity of the state of the providing dental services. I understand that I am financially responsible for any charges not covered by this authorizer of my land line, cell phone or other wireless device and my email address now or in the future, I expressly consent and an automatic telephone dialing system or otherwise, leave me a voice, prerecorded, or artificial voice message, or send me imposes a passible with West Coast Dental, or for other informational purposes related to my account or treatment ("Community include my personal information in a Communication. West Coast Dental will not charge for a Communication, but my net equality of its service or for other reasons. Date Update *Update is noting no major change in Patient Information				
□ 1-800-Dentist □ Flyer/Ad □ Insurance /Plan Referral: □ Sign/Building □ Marketing Representative: □ Yellow Pages □ Employer □ DDS Referral: □ Family/Friend □ Website □ □ Providing dental services. I understand that I am financially responsible for the charges not covered by or paid for by my invenefits otherwise payable to me. I understand that I am financially responsible for any charges not covered by this authorizer of my land line, cell phone or other wireless device and my email address now or in the future, I expressly consent and an an automatic telephone dialing system or otherwise, leave me a voice, prerecorded, or artificial voice message, or send me I may establish with West Coast Dental, or for other informational purposes related to my account or treatment("Community include my personal information in a Communication. West Coast Dental will not charge for a Communication, but my the quality of its service or for other reasons. **Update* **Update* is noting no major change in Patient Information**	Cinon/Loc		1 οπος πη στουρ π.	
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Signature of Responsible Party (Parent or Legal Guardian if patient is a minor)

