Joseph P. Thornton, D.D.S.

PATIENT INFORMATION

Patient Name_____ Date of Birth_____
How Do You Wish To Be Addressed_____ Spouse_____
Street Address_____ Soc Sec #_____
City, State, Zip_____ Phone #_____
E-Mail Address_____ Cell Phone#_____
Employer_____ Bus Phone #_____

Previous Dentist_____ Date Of Last Visit_____
Purpose Of Last Visit_____ Were X-Rays Taken?_____

Whom May We Thank for Referring You to Our Office?_____

RESPONSIBLE PARTY INFORMATION

Person Responsible for This Account_____
Address (if different from above)_____
Method Of Payment _____Check _____Credit Card _____Cash

Name And Address Of Nearest Relative Not Living With You_____
_____

INSURANCE

Our Office Does Not Accept Insurance In Lieu Of Payment. If You Wish Us to File For Your Insurance Reimbursement, Please Provide The Business Office With All Filing Information

PRIVACY

Unless Instructed Otherwise, Our Office Will Release Medical Information (only as needed) To Your Insurance Carrier, As Well As To Treating Dentists, Physicians, Clinics or Hospitals.

Please List Any Other Individuals Or Entities With Whom We May Discuss Your Medical Information

_____ Spouse Name_____
_____Child Name(s)_____
_____Other Name_____

___Yes ___No Contact May Be Made With Me At My Home Phone Number
___Yes ___No Contact May Be Made With Me At My Business Number
___Yes ___No Contact May Be Made With Me At My Cell Phone Number
___Yes ___No Mail Communication May Be Sent To My Home

Messages May Be Left : *(circle any that apply)*

At My Home	None	Call Back Number Only	Detailed Message
At My Work	None	Call Back Number Only	Detailed Message
On My Cell	None	Call Back Number Only	Detailed Message

AUTHORIZATION

I Attest To The Information And Authorizations On This Page.
I Authorize The Dentist To Perform Diagnostic Procedures And Treatment As Necessary For Proper Care.
I Understand That I Am Responsible For All Fees For Professional Services
I Understand That Payment For Services Are Due At Time Of Treatment.

_____ _____
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY **DATE**