

BRADY'S FAMILY DENTISTRY OF PLANTATION
4330 W. BROWARD Blvd. Suite T
Plantation, Florida 33317
Phone number: (954) 587-1800 Fax: (954) 587-6267

NAME _____ BIRTHDAY _____ PHONE _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE CIRCLE: MINOR SINGLE MARRIED DIVORCED WIDOWED

PLEASE CIRCLE: MALE FEMALE CELL PHONE NUMBER _____

PATIENT'S/PARENT'S EMPLOYER _____ WORK# _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPOUSES/PARENT'S NAME _____ EMPLOYER _____ WORK# _____

HOW DID YOU HEAR ABOUT THIS OFFICE? _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE# _____

PATIENT'S/PARENT'S EMAIL ADDRESS _____

DO YOU HAVE DENTAL INSURANCE? YES NO NAME OF POLICY HOLDER _____

NAME OF INSURANCE COMPANY _____ POLICY HOLDER SS# _____

POLICY HOLDER'S BIRTHDAY _____

DO YOU HAVE ANY OF THE FOLLOWING DISEASES OR CONDITIONS?

	YES	NO		YES	NO
HEART TROUBLE	_____	_____	BLEEDING PROBLEMS	_____	_____
RHEUMATIC FEVER	_____	_____	EPILEPSY OR SEIZURES	_____	_____
DIABETES	_____	_____	ARE YOU PREGNANT	_____	_____
HEPATITIS	_____	_____	HIGH BLOOD PRESSURE	_____	_____
ASTHMA	_____	_____	TUBERCULOSIS	_____	_____
DRUG ALLERGIES	_____	_____	BEEN EXPOSED TO AIDS	_____	_____
NOVOCAINE/PENICILLIN	_____	_____	SUFFER FROM HEADACHES	_____	_____
ALLERGIES?	_____	_____			
RECENTLY IN AN AUTO	_____	_____			
ACCIDENT?	_____	_____			

ANY MEDICAL CONDITIONS THE DENTIST SHOULD BE AWARE OF?

ANY MEDICATIONS OR DRUGS YOU ARE CURRENTLY TAKING?

SIGNATURE _____ DATE _____

TO BE SIGNED BY PARENT/GUARDIAN IF PATIENT IS UNDER THE AGE OF 18 YEARS OLD.

Payment for services is due at the time the services are rendered, therefore, payment is expected the day of the visit. Payment is the direct obligation of the patient, or the parent if the patient is under the age of 18.

The agreement of the insurance company to pay for the dental care is a contract between you and your insurance company. Insurance is not a substitute for payment. Insurance is considered a method of reimbursement to the patient for fees owed to the doctor. Please understand that insurance companies allow payment of services rendered based on the amount they consider reasonable and customary for a particular area. Under most circumstances, insurance fee schedules bear no relationship to today's standards, quality, and cost of care. We will be happy to extend a courtesy in filing the insurance claims; however, all charges are your responsibility from the date the services are rendered.

We reserve the right to charge for a NO SHOW or CANCELLED appointment if it is done on the same day of the scheduled appointment. This charge will be for \$50.00 per incident. We request a 24 hour notice for a cancellation or change to an appointment.

If it becomes necessary to place this account into collections, I understand that I will be responsible for any and all collection fees.

We will be glad to accommodate your financial responsibilities (insurance co-pay, and/or deductibles if applicable) by accepting the following methods of payment:

- ✓ **Cash**
- ✓ **Check (Valid identification required)**
- ✓ **MasterCard**
- ✓ **Visa**
- ✓ **Discover**
- ✓ **CareCredit**

Please provide us with the Pharmacy you use, and its location. _____

SMS Privacy Policy

We collect – and store – your personal information (name, address, telephone number, date of birth, relevant medical information or benefits) to enable us to provide the highest level of service with regards your dental care. Most of the personal information we process is provided to us directly by you for one of the following reasons: to enable us to book appointments for you, to enable us to contact you to advise that you, or your children, are due for check-ups.

Do you give us permission to text you in regard to your appointments? YES/NO

Patient/ Parent Signature _____

Date ____/____/____

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By "Opting In" to or using a "text Message Service" (as defined below) from Brady's Family Dentistry of Plantation you accept these terms and conditions.

This agreement is between you and Brady's Family Dentistry.

"Opting In," "Opt In" refer to requesting, joining, agreeing to, enrolling in, signing up for, acknowledging, responding to, or otherwise consenting to receive one or more Text Messages.

"Text Message Service" includes any arrangement or situation in which we send one or more messages addressed to your Mobile phone number, including text messages (such as SIMS, MMS, or successor protocols or technologies)

By consenting to receive text messages from us, you agreed to these Text Messaging Terms & Conditions.

Thank you,

Brady's Family Dentistry.

Printed name _____ Signature _____ Date _____