PATIENT INFORMATION			DATE:			
NAME	FIRST	M	_ [] MARRIED [] S	SINGLE [] MINOR [	] MALE [] FEMALE	
ADDRESS						
ADDRESS	STREET	APT.#	CITY	STATE	ZIP	
BIRTH DATE_	TEL	EPHONE				
1	MONTH DAY YEAR	HOME	CELL	WORK		
E-MAIL		V	Vould you like e-mail	confirmations? Yes	No	
DENTAL INSU	JRANCE CO			GROUP#		
PLACE OF EMPLOYMENT			SS#	ID	#	
FAMILY INF	ORMATION					
CHILD'S FATHER (OR PATIENT'S HUSBAND)			CHILD'S MOTHER (OF PATIENT'S WIFE)			
LAST	FIRST	М	LAST	FIRST	М	
STREET	CITY	STATE ZIP	STREET	CITY	STATE ZIP	
HOME PHON	E# CELL#	WORK# EXT	HOME PHONE	CELL#	WORK# EXT	
BIRTHDAY (M	MO/DAY/YEAR) SS#	ID#	BIRTHDAY (MO/D	AY/YEAR) SS#	ID#	
EMPLOYER			EMPLOYER			
DENTAL INSU	JRANCE CO.	GROUP#	DENTAL INSURAI	NCE	GROUP#	
AUTHORIZATION			WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?			
I hereby authorize payment of the group insurance benefits otherwise payable to me to be paid directly to Dr. William Brow The information on this page and the medical/dental histories are correct to the best of my knowledge.  I grant the right to release information about my dental treatment to my insurance carrier and other health professionals as needed during my treatment.  SERVICE CHARGE			<u>PERSON RE</u> [] Patient [] Guardian	ESPONSIBLE FOR A Please check one [] Father (	or Husband )	
If I do not pay the entire balance due on any monthly statement by the due date, a service charge will be added to the account. This also applies to any insurance portion that is not received from my insurance carrier within 60 days. The service charge will be a periodic rate of 1/5% per month which is an annual percentage rate of 18% applied to the last month's balance. In case of default of payment, I will pay any legal interest on The balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.			Has the person responsible for the account been seen as a patient in our office [] Yes [] No			
X [] ADULT	[] FATHER/HUSBAND Signature here pleas	[] MOTHER/WIFE	[] GUARDIAN	_		