



Acquaintance Form

Today's Date _____

Name _____ Preferred Name _____ Birthdate _____

Address _____ City _____ Zipcode _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail _____ SSN _____ Occupation _____

Employer Name & Address _____

If Married, Spouse's Name _____ Spouse's Occupation _____

Spouse's Employer Name & Address _____

Employer _____
Employer Address _____

Insurance Company _____
Policy ID#: _____

Employer _____
Employer Address _____

Insurance Company _____
Policy ID#: _____

Who is financially responsible for this account? _____

Who, may we ask, referred you? _____

Is any other member of your family a patient here? (Name) _____

How long has it been since your last dental visit? _____

How would you rate yourself as a dental patient? Please circle one.

- A. Very Afraid B. Somewhat Afraid C. Not Afraid

Would you like to use Nitrous-Oxide-Oxygen (laughing gas)? YES _____ NO _____ Explain Further _____

Do you clench or grind your teeth? YES _____ NO _____

What is your main reason for coming to Sorriso Dental? _____

Initial _____

*I have been given the opportunity to review a NOTICE OF PRIVACY PRACTICES prior to signing this consent. Sorriso Dental has the right to change its Notice of Privacy Practices from time to time and that you may contact this organization any time to obtain a copy.

Initial _____

*I authorize Sorriso Dental to transmit patient information relating to my treatment, health, or payment by email or other electronic means to me, or to other healthcare providers involved in my treatment.

Initial _____

*I give full permission and authorize Sorriso Dental to bill my insurance and collect payment directly for services rendered.

Initial _____

*I authorize the disclosure of my medical/dental account information to: (i.e. spouse, child, physician, etc.)

Initial _____

- Name _____ Phone _____
Relationship to patient _____
- Name _____ Phone _____
Relationship to patient _____
- Name _____ Phone _____
Relationship to patient _____

Print Name _____

Signature _____

Date _____