

All Patient Information is Strictly Confidential

Name: _____ Date: _____

How did you hear about us? Radio Newspaper Yellow Pages
Internet Family/Friend If Family/Friend referred you to Driftwood Dental, please
state their name here: _____

Do you experience anxiety or become tense during dental appointments? Yes No

Select your consent for electronic communication: Email Text Both No thank you.
(Note: We use text/email for confirmation of your appointment)

INSURANCE: In order to prevent misunderstandings about dental insurance, please note that all professional services provided are the financial responsibility of the patient or legal guardian. **By initialling here _____** I give permission for Driftwood Dental to submit my claim electronically or contact my insurance provider on my behalf. Be aware, due to privacy laws, we have limited ability to discuss your claims with your insurance provider. Full payment of the patient portion for treatment is due on the day services are rendered.

APPOINTMENTS: Appointment times are reserved especially for you. If you're unable to attend an appointment please provide two business days' notice to avoid a **short notice or missed appointment fee of \$50 per hour scheduled.**

PERMISSION TO TREAT: This is to certify that I, the undersigned, consent to dental and oral surgery procedures as determined necessary or advisable, including the use of local anesthesia. I authorize the release of any records that are relevant to the processing and payment of this claim held by the service provider, any appropriate health professional licensing or regularity body for the purpose of administrative audit.

Name: _____ Signature _____ Date _____
Patient/Guardian as applicable Day/Month/Year

Address: _____
