

HEALTH HISTORY & REGISTRATION

Nock Dental Group
9894 Rosemont Ave., #204
Lone Tree, CO 80124

Date _____

Referred By _____

Name: _____ Social Security Number _____ - _____ - _____
How do you wish to be addressed? _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Cell Phone Number: _____
Date of Birth: _____ Email Address: _____

Best Method to contact you for appointment confirmations: _____ text _____ email _____ call cell

Spouse Information if Applicable

Spouse's Name: _____ Social Security Number _____ - _____ - _____
Date of Birth: _____

EMERGENCY CONTACT INFORMATION: (Name, address & telephone person other than spouse)

Name: _____ Telephone Number: _____
Address: _____

Dental Insurance Information

Name of Insured: _____
Birthdate of Insured: _____ Name of Dental Insurance: _____
ID#: _____ Group #: _____
Patient's relationship to the insured: (circle one) Self Spouse Child Other
Ins. Phone #: _____ Dental Claim Address: _____

Consent and Release

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care.

I understand the use of anesthetic agents embodies a certain risk.

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I understand that I am responsible for all costs of dental treatment and further understand that a finance charge of 1-1/2% per month after 60 days will be added to any unpaid balance.

I assign all insurance benefits to the doctor.

In the event my account becomes delinquent and requires referral to collections, I agree to pay any and all collection costs, including reasonable attorney fees in the amount of 15% of the unpaid balance.

Patient's or Guardian's Signature _____ Date _____

PLEASE COMPLETE HEALTH & DENTAL HISTORY ON NEXT PAGE