



BEACH VIEW DENTAL

smiles to brighten your world

Dr. Andrea Elenbaas, D.M.D.

Dr. Darren Alexander, D.M.D.

WELCOME TO OUR OFFICE!

PATIENT INFORMATION (Confidential)

Date: _____

Name: _____ How do you prefer to be addressed? _____

Birthdate: _____ Age: _____ SS# _____

Physical Address: _____ Home Ph# _____

City _____ State _____ Zip _____ Sex: M F

Work Ph# _____ Cell Ph# _____ Best phone # to reach me on: _____

Email address: _____ Single Married Widow Separated Divorced

Occupation: _____ Employer: _____

If student, name of School/College: _____ PT Full

Whom may we thank for referring you to our office: _____ Phone #: _____

Contact in case of an emergency: _____ Phone # _____

If the person responsible for this patients' account is different from the patient or if this patient is a minor, the responsible party must fill out the section below. Otherwise, please skip to the section titled "Insurance Information."

Name of responsible party: _____ Relationship to Patient: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home ph# _____ Work ph# _____ Cell Ph# _____

Occupation: _____ Employer: _____

Sex: M F Birthdate: _____ Age: _____ SS# _____

Dental Insurance Information

Insurance Name : _____ Group #: _____

Subscriber Name: _____ Relationship to Patient: _____

DOB: _____ SS#/ID# _____ Employer: _____

Consent for Services

I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of (name of patient) _____'s dental needs.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he/she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, the dental office cannot render services on the assumption that our charges will be paid by an insurance company.

Signature of patient, parent or guardian

Date

Payment is expected at each appointment. For your convenience, we offer the following methods of payment:

Cash Discover Visa/MasterCard Care Credit Amer Exp Debit Card

WE DO NOT ACCEPT PERSONAL CHECKS ON NEW PATIENTS

(Over)