

Today's Date _____

Name _____ Nickname _____

Address _____
City State Zip

Home Phone _____ Cell Phone _____ Email _____

Birth Date _____ Social Security# _____ Sex M / F

Name of School _____

Whom may we thank for referring you? _____

Father's Name _____

Birth Date _____ Social Security# _____ Cell Phone _____

Employed By _____

Occupation _____

Business Address _____
City State Zip

Business Phone _____ Business Email _____

Dental Insurance Company _____

Insurance Company Address _____

Group / Policy / ID # _____

Mother's Name _____

Birth Date _____ Social Security # _____ Cell Phone _____

Employed By _____

Occupation _____

Business Address _____
City State Zip

Business Phone _____ Business Email _____

Dental Insurance Company _____

Insurance Company Address _____

Group / Policy / ID # _____

Person Responsible For Account _____

Relation _____

Billing Address _____
City State Zip

Acceptable Methods of Payment Available:

***Discount of 5% when payment in full, day of service**

***MasterCard, Visa, Discover, American Express**

Ask our staff about prearranged monthly billing on credit card

***Finance charge of 1 1/2 % per month is computed on any balance not paid within 30 days.**

***Finance charge free plan**

Ask our staff for information