



Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask. We will be happy to help.

Email Address: _____ Date: _____

Patient Information (CONFIDENTIAL)

Name _____ DOB _____ Home _____ Cell _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Gender: Male Female

Do You Wish To Receive Text Reminders YES NO

Check Appropriate Minor Single Married Divorced Widowed Separated

Patient's or Parent's Employer _____ Work Phone _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

Is Patient A Student YES NO Name of School/College _____ FT PT

Whom May We Thank For Referring You? _____

Person To Contact In Case Of An Emergency _____ Phone _____

Responsible Party Information

Person Responsible For This Account _____ Relationship to Patient _____

Address _____ City _____ State _____ Zip _____

Phone _____ Social Security # _____ - _____ - _____ DOB _____

Employer _____ Work Phone _____

Is This Person Currently A Patient In Our Office? YES NO

Dental Insurance Information

Subscribers Name _____ Relationship To Patient _____

Insured's DOB _____ Social Security # _____ - _____ - _____ Employer _____

Occupation _____ Insurance Company _____

Group # _____ Member ID # _____

Secondary Insurance Information

Subscribers Name _____ Relationship To Patient _____

Insured's DOB _____ Social Security # _____ - _____ - _____ Employer _____

Occupation _____ Insurance Company _____

Group # _____ Member ID # _____

Please Read and Sign

I authorize payment to Jeff T. Blackburn, DDS, a division of CVDC, for the benefit otherwise payable to me under the terms of my insurance. I understand that I am financially responsible for all of the charges arising for the treatment of the above named patient. If this contract is referred to an attorney for collection, I agree to pay attorney's fees and the total indebtedness and court costs incurred by Jeff T. Blackburn, DDS, a division of CVDC. If this indebtedness is not paid in full within thirty (30) days from the last date of service, I agree to pay a service charge of one and one-half (1 & ½) percent per month, eighteen (18) percent interest per annum on the unpaid balance.

SIGNATURE: _____ DATE: _____