

PATIENT INFORMATION

GENERAL INFORMATION

Patient First Name _____ Middle Initial ____ Last Name _____ Nickname _____
 Male Female Date of Birth _____ Social Security Number _____
Address _____ City _____ State ____ ZIP ____
Email _____ Home Phone _____ Cell Phone _____
Employer _____ Occupation _____ Work Phone _____
Married Single Divorced Spouse's Name: _____
Emergency Contact _____ Relationship _____ Phone # _____

IF PATIENT IS A MINOR

Responsible Party _____ Relationship to Patient _____

HOW DID YOU HEAR ABOUT US?

Social Media Insurance Website Internet Family/Friend/Coworker Other

Who may we thank for your visit today? _____

COMMUNICATION

Cumberland Pointe Dental has permission to contact me with appointment reminders or other communication via the following (check all that apply):

Text Email Preferred Phone #: Home Cell Work

DENTAL INSURANCE INFORMATION

Primary Insurance Information

Insured's Name _____
Insured's Employer _____
Insured's DOB _____
Insurance Company _____
Insurance Phone # _____
ID # _____ Group # _____

Secondary Insurance Information (if applicable)

Insured's Name _____
Insured's Employer _____
Insured's DOB _____
Insurance Company _____
Insurance Phone # _____
ID # _____ Group # _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have received/been offered a copy of the office's Notice of Privacy Practices.

I authorize the following person(s) to have access to my protected health information covered under the Privacy Practices:

Name (Printed) _____ Relationship _____
Name (Printed) _____ Relationship _____
Name (Printed) _____ Relationship _____

SIGNATURE

Patient Name (Printed) _____
Patient/Guardian Signature _____ Date _____