

**ABOUT YOU**

Today's Date: \_\_\_\_\_

We are happy to have you join our great family of patients and friends. The benefits of a healthy, beautiful smile are immeasurable, and our goal is to allow you to obtain the healthy teeth and attractive smile you want and deserve. Please complete this form so that we can provide the best care possible for you. Thank you!

Name: \_\_\_\_\_ Female Male  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Marital status: single married minor  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employed by: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Who can we thank for referring you? \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

**DENTAL INSURANCE INFORMATION**

Insurance company name: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Insured's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
ID/Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Secondary Coverage**

Insurance company name: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Insured's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
ID/Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist has a contractual agreement with my dental plan prohibiting all or a portion of such charges, to the extent permitted under applicable law. I authorize release of information relating to this claim. I also authorize payment of dental benefits, otherwise payable to me, to be paid directly to James N. Clark, D.D.S. Initials:     

**APPOINTMENT CANCELLATION POLICY**

When you schedule an appointment, we reserve that time and prepare in anticipation of serving you. If you should need to reschedule, we kindly request that you contact us by phone with advance notice of two business days. We understand that conflicts arise; however failing your appointment or canceling without adequate notice more than once will result in a \$50.00 per hour charge and then discontinuation of services. Initials:     



**James N.  
Clark, DDS**

**A Beautiful Smile  
Can change Your  
Life**