

PATIENT INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____ AGE _____ SEX _____ BIRTHDATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

FAX # (_____) _____ OTHER # (_____) _____

HOW MAY WE CONFIRM YOUR NEXT APPOINTMENT? (circle one) E-MAIL TEXT PHONE CALL

BEST DAYS FOR APPOINTMENTS ARE: (please circle all that apply) MON. TUES. WED. THURS. FRI.

EMPLOYED BY _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUS. PHONE (_____) _____

CITY _____ STATE _____ ZIP _____

PERSON FINANCIALLY RESPONSIBLE _____ PHONE (_____) _____

PERSON TO CONTACT IN EMERGENCY _____ PHONE (_____) _____

HOW WERE YOU REFERRED TO THIS OFFICE? Name _____

FINANCE CHARGE: A finance charge of 1.5% per month, calculated on the unpaid balance, will be added to accounts due over 60 days. If you wish us to extend credit to you, we reserve the right to order a credit check.

CANCELLATION CHARGE: We require 24 hours notice for cancellations. Otherwise, we must charge you for your appointment.

INSURANCE INFORMATION

IF YOU HAVE DENTAL INSURANCE, PLEASE NOTIFY US. WE DO NOT ACCEPT INSURANCE AS PAYMENT.

I HAVE BEEN INFORMED THAT DR. BAUMANN IS NOT A PROVIDER FOR ANY/MY INSURANCE COMPANY. _____ (initial)

DR. BAUMANN'S OFFICE WILL BILL MY INSURANCE AS A COURTESY. _____ (initial)

ON LINE INFORMATION: In addition to our website, our office offers online information regarding the newest trends in dentistry which affect many sports- and health-related issues. Please provide us with your list of particular interests so that we may keep you informed. ***INTERESTS: (Please circle all that apply, or provide your own)***

GOLF TENNIS NUTRITION HEALTHY LIVING ORGANIC SOLUTIONS
WEIGHT-LIFTING/FITNESS CHILDREN & YOUNG ADULTS NEUROMUSCULAR DENTISTRY

Other Interests: _____

E-Mail Address: _____ (Please See Reverse Side)