



Date: _____

NEW PATIENT / UPDATE INFORMATION

Name _____ Male/ Female _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____ Age _____

Home# () _____ Business# () _____ Ext. _____

Mobile # () _____ E-Mail _____

Employer's Name _____ Position _____

Name of Spouse _____ Social Security # _____

Address (If different from above) _____ Spouse DOB _____

Spouse Employed by _____

Spouse Business Phone # () _____ Ext. _____ Spouse Position _____

Spouse Mobile # () _____ E-Mail _____

Children Names & Ages _____

How did you hear about us? _____

Name, Address & Phone # of **local** emergency contact. _____

Chief Dental Concern _____

PERMIT FOR TREATMENT

This is to certify that I, the undersigned, consent to the performing of dental and/ or oral surgical procedures agreed to be necessary or advisable, including the use of local anesthetic as indicated, and I will assume responsibility for fees associated with those procedures.

Patient's (Parent's Signature) _____ Date: _____

DENTAL INSURANCE INFORMATION

Name of Insurance Company _____

Policy Holder Name _____

DOB _____

SS# _____

Employer Name _____

Insurance Co. Phone # _____

Policy # _____ Group# _____

We will need a copy of insurance card and current Driver's License.

I understand that as a service (to me) Barrero Dental Boutique will assist me in processing my insurance claims.

However, I am responsible for all fees in their entirety at time treatment is performed.

Patient's (Parent's Signature) _____ Date: _____