



Name _____ Date ___/___/___

Address _____

City _____ State _____ Zip code _____

Date of birth ___/___/___ Social security # _____

We offer courtesy appointment reminders via phone, text message and/or e-mail.

Home Phone () - Work phone () - Cell () -
E-Mail Address _____

Marital Status: Married Single Divorced Widowed

Emergency Contact _____ Relation _____
Emergency Number () - Cell phone () -

Account Information

Person responsible for the account _____

Dental Insurance Yes No Name of the insured _____

Insurance company _____

Social security # _____ and/or Carrier ID # _____

Date of Birth ___/___/___

Employer _____ Occupation _____

Telephone number of the insurance company _____

Consent for treatment:

The undersigned hereby authorizes Dr. George, or designated staff members to take necessary radiographs, study models, photographs, or any other diagnostic aids required to make a thorough diagnosis of existing conditions. I further authorize Dr. George, or designated staff members to perform any and all forms of treatment, including administering of medications and delivery of therapy that may be indicated. I understand that the use of any anesthetic agents involves certain risks.

I understand the responsibility for the payment of dental services provided in this office for my dependants or myself is mine, due and payable at the time of services rendered. Insurance will be filed as a courtesy. Estimations are based on information from your insurance company. They are not a guarantee of payment. Regardless of financial arrangements the full responsibility for payment is mine. I further understand that any finance charges, refilling fees, collections charges or attorney fees may be added to any overdue balance. I also assign all insurance benefits to Dr. George. Please note that our HIPAA policy is available for your review upon request. A copy of the policy is also displayed in our reception area.

Signature _____ Printed Name _____

Malcolm C. George, DDS Your Neighborhood Dentist!