



NEW PATIENT FORM INSTRUCTIONS

Welcome to our office. We are glad that you have choose us to take care of your dental health needs. A brief description of the necessary forms, and instruction on their completion follows:

1. Patient Registration

- General Information Form – eg. Name, Address, Insurance Information, ER Contact, Etc
✓ Please complete this page, one for each patient and bring it to the appointment.

2. Medical History

- This Form Provides us with Information About Your Health & Dental Needs – eg. Diagnosed Conditions, Allergies, Dental Concerns and Habits, Etc
✓ Please complete this page, one for each patient and bring it to the appointment.

3. Notice of Privacy Practices

- This Document Describes How the Practice Protects Information about You
✓ Please review this information and keep it at home.

4. Privacy and Communications Notice

- This Form Acknowledges that you Received a Copy of our Privacy Practices, Provides Permission for Us to Contact You through various Means, and States with Whom We May Share Information
✓ Please complete this page, one for each patient and bring it to the appointment.

5. Consent to Treat & Release of Information

- This Form Gives Us Your Consent to Provide Dental Treatment, and to Share Your Information with Providers who may Become Involved in Your Treatment – eg. Orthodontists, Etc
✓ Please complete this page, one for each patient and bring it to the appointment.

If you have any questions while completing our forms, please call us at 419-659-6000. Also, thank you for taking the time to complete them prior to presenting for your appointment. We are looking forward to seeing you soon!