



David R. Cornwell, D.D.S.

PATIENT INFORMATION

Date
Patient Name
Address
City State Zip
Best way to contact you: H W C Phone E-mail Text Message
Home Phone No.
Work Phone No.
Cellular Phone No.
E-mail Address
Birthdate Age Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number
Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Employer Position
School

Emergency Contact Information:		
Name		
Relationship		
Phone Number		
Address		
City	State	Zip

Responsible Party		
Address		
City	State	Zip
Responsible Party Social Security Number		

DENTAL INSURANCE	
PRIMARY DENTAL CARRIER	
Insurance Co.	
Subscriber Birth date	
Subscriber	
Subscriber Employer	
Subscriber Union or Local	
Subscriber Social Security No.	

SECONDARY DENTAL CARRIER	
Insurance Co.	
Subscriber	
Subscriber Birth Date	
Subscriber Employer	
Subscriber Union or Local	
Subscriber Social Security No.	

CONSENT FOR TREATMENT	
1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of _____'s dental needs. (name of patient)	
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.	
3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents entails certain risks. I understand that I can ask for a complete recital of any possible complications.	
4. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1-1/2% late charge (18% APR) may be added to my account.	
_____ Patient	_____ Date
_____ Parent or Guardian	_____ Relationship

Patient or Guarantor's Signature

We accept MasterCard, Visa, Discover and Amex