

*** *Brian J. Tingey, D.D.S. * * ***

Welcome to our office!

So that we may become better acquainted, please provide the following confidential information:

Date _____

Name _____ **I prefer to be called:** _____

Single **Married** **Divorced** **Widowed** **Separated**

Birth date ____/____/____ **Age** ____ **SS #** _____ **Email** _____
Month Day Year

Home Address _____
Street City State Zip

Home Phone # _____ **Business Phone #** _____ **Cell Phone #** _____

Employer _____ **Employer's Phone #** _____

Employer's Address _____
Street City State Zip

.....
Spouse _____ **Birth date:** ____/____/____ **SS#** _____

Spouse's Employer _____ **Spouse's Employer Phone #** _____

Spouse's Employer Address _____
Street City State Zip

.....
Dental Insurance: **Yes** **No** **Name of Insurance** _____

Name of Relative and one Friend (not living with you)

Name _____
Address _____
City, State _____
Phone # _____

Name _____
Address _____
City, State _____
Phone _____

Authorization Release and Agreement to pay for services rendered:

I authorize the dentist to release any information, including the diagnosis and the records of any treatment or examination rendered to me during the period of such dental care, to third party payers and/or other health practitioners. I authorize and request my insurance company to pay directly to the dentist, Dr. Brian J. Tingey. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf of my dependent.

Signature _____ **Date** _____