

**I. PATIENT INFORMATION & RESPONSIBLE PARTY**

DATE: \_\_\_\_\_

**II. PATIENT INFORMATION:**

Patient Name \_\_\_\_\_ Please Circle: MINOR SINGLE MARRIED MALE FEMALE

Birthday \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

If Full Time Student, School Name \_\_\_\_\_ Grade \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT: Please Circle: PATIENT GUARDIAN SPOUSE FATHER MOTHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ State Drivers License Number \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_

Employer Name &amp; Phone Number \_\_\_\_\_

Insured Birthday (MO/DAY/YR) \_\_\_\_\_

**III. PERSON TO CONTACT IN CASE OF EMERGENCY: Outside of Immediate Family**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

**IV. ASSIGNMENT OF INSURANCE BENEFITS**

I here by authorize payment directly to **KAMRAN KASHIRAD, DDS** the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I grant the right to **KAMRAN KASHIRAD, DDS** to release my dental / medical histories and other information to third party payors and / or other health professionals necessary.

*Signature* \_\_\_\_\_**V. DENTAL MATERIAL FACT SHEET**

I \_\_\_\_\_ acknowledge that I have had the opportunity to review / read or have received a copy of the Dental Materials Fact Sheet dated 10.17.01

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_**WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE:** \_\_\_\_\_**VI. MINOR CONSENT**

I give **KAMRAN KASHIRAD, DDS** permission to provide dental treatment to my son / daughter.

I understand changes in treatment plan may occur and I authorize necessary dental treatment.

I certify that I am the guardian of the child and have legal custody.

*Parent / Guardian* \_\_\_\_\_