

JONATHAN K. DAVIS, D.D.S

total dental care

Patient Information

Patient Name _____
Date of Birth _____ SS# _____
Email address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Would you like to be able to view your account online? ____yes ____no
Permission to leave detailed messages by Voice Mail or Text ____yes ____no
Spouse's Name (or parent if a minor) _____
Billing Address _____
City _____ State _____ Zipcode _____
Employer _____
Emergency Contact Person _____ Phone _____
Who Recommended You to Our Office? _____

Primary Dental Insurance Information*

Policy Holder's Name _____
Policy Holder's Date of Birth _____ SS# _____
Policy Holder's Phone (if different from above) _____
Policy Holder's Address (if different from above) _____
City _____ State _____ Zipcode _____
Policy Holder's Employer _____
Dental Insurance Company _____ Group# _____
Subscriber ID# _____
Dental Insurance Company Address _____
City _____ State _____ Zipcode _____
Dental Insurance Company Provider Phone # _____

***Please notify us if you have secondary dental insurance**

My Signature Below Indicates:

- I have completed the medical history form given to me by the office of Dr. Jonathan K. Davis to the best of my knowledge. I will inform this office of any additional health changes.
- I have been informed of this office's Notice of Privacy Practices and my rights regarding the use of my information.
- I consent to any routine, preventative, and/or diagnostic dental procedure and drug administration that may be provided by Dr. Jonathan K. Davis or any of his assistants and/or designees.
- I hereby authorize payment directly to Dr. Jonathan K. Davis of the group insurance benefits otherwise payable to me, and I accept financial responsibility for all services not paid for by my insurance plan.
- I hereby authorize the office of Dr. Jonathan K. Davis and/or any entity associated with that office, including those using automated dialing systems, automated messages, email, text messaging, or other electronic communication, to contact me for any reason by using any telephone number, email address, and/or mailing address provided.

Signed _____ **Date** _____