SNOQUALMIE FALLS DENTAL
Advanced Family Dentistry on The Ridge

New Patient Registration

Patient's Name: _____ DOB: _____
Parent/Guardian's Name: _____ DOB: _____
Address, city, state, zip: _____
Home Phone:_____ Cell Phone:_____
Work Phone, if ok to contact you there: _____ Other contact if desired:_____
Email Address:_____ Preferred method of contact? _____

Please tell us how you heard or find out about our office? (If someone referred you, please include their name so that we may send them a thank you gift!) _____

Do you have any allergies or chronic medical conditions? If yes, please list: No:☐ Yes:☐

_____

Which areas are you interested in getting Botox or Dermal Filler treatments done? _____

_____

Is there anything else you would like us to know about you?_____

_____

I have reviewed the information on this page and it is accurate to the best of my knowledge. If there are any changes to my medical status, I will inform the office. I understand that the following are potential complications that can occur with any dental treatment, and although not common, they can occur to me: bruising or paresthesia (prolonged or permanent numbness) with anesthetic injections, TMJ (jaw bones and muscles) pain or problems from opening of the mouth for extended periods of time, soreness or swelling in and around the mouth from stretching and use of instruments, damage to adjacent teeth or prolonged sensitivity when work is done on any tooth, if cavities are larger than expected the price may increase and sometimes a root canal may be needed if cavity is larger than expected.

Payment is due at the time services are rendered. As a courtesy, we will verify your benefits and submit claims on your behalf. Every effort will be made to provide you with an accurate estimate prior to any dental services being rendered. However, please remember that it is your responsibility to verify coverage is active before your appointment. Any monies due after your insurance payment is received will be due within 30 days. Any balances on the account longer than 30 days will be subject to a finance charge of 8%. If your account goes into collections, you will be responsible for filing, court, collection and attorney's fees. There is a returned check fee equal to the amount we are charged by the bank plus a $20.00 processing fee of our own. Services over $2,000 will require a deposit. Emails to you and to specialists for you are done via a normal, unencrypted gmail account, let us know if you prefer fax or another method of communication.

I agree to and understand the terms of Snoqualmie Falls Dental's financial policy and insurance statement. I also acknowledge that a copy of Snoqualmie Falls Dental's Notice of Privacy Policy was made available to me to take if I so desired. All of the information that I have given is complete and accurate.

Signature (or initials and date of birth if done electronically):_____

Name:_____ **Date:**_____ v.04/14