Choice Dental Centre of Greenwood Dr. Michelle Lumsdon PATIENT REGISTRATION AND CONSENT

Patient Name	22222222222222222222222
Address_	
City	StateZip Code
Home Phone () Work Phon	e ()Date of Birth//
Social Security #	_ Drivers license #
May we text and/or email you for app	ointment reminders? Yes 🗆 No 🗆
E-Mail address:	Cell Phone ()
Person responsible for the account	Date of Birth/
Social Security #	Drivers License #
How did you hear about us?	
Newspaper □ Website □ Angie's Li	st □ Insurance □ Drive by □ Other □
Friend/Co-Worker □ - who may we	thank for your referral?
Dental Insurance Yes □ No □ Sec	ondary Insurance Yes 🗆 No 🗅
Name of insured	Relationship to Insured
Employer_	Insurance company
Social Security #Or I	D #/Date of Birth/
Telephone number of the insurance company	Group Number
or any other diagnostic aids required to make a thorough staff members to perform any and all forms of treatment indicated. I understand that the use of any anesthetic age dental services provided in this office for my dependents will be filed as a courtesy. Estimations are based on info Regardless of financial arrangements the full responsibility collection charges, or attorney fees may be added to any that our HIPPA policy is available for your review upon	gnated staff members to take necessary radiographs, study models, photographs, diagnosis of existing conditions. I further authorize Dr. Lumsdon or designated including administering of medications and delivery of therapy that may be ats involves certain risks. I understand the responsibility for the payment of or myself is mine, due and payable at the time of services rendered. Insurance romation from your insurance company. They are not a guarantee of payment. By of payment is mine. I further understand that any finance charges, refilling fees overdue balance. I also assign all insurance benefits to Dr. Lumsdon. Please note request. A copy of the policy is also displayed in our reception area. I also can and store this document electronically of which shall be deemed the same as
Patient Signature (Parent of Child)	Date / /

Choice Dental Centre of Greenwood

Name	<i>22222222222222</i>
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We are excited to welcome you and your family to our dental practice. At any time feel free to ask questions. Our office is open Monday, Tuesday, Thursday, and Friday. In case of a dental emergency, our phones are answered 24 hours a day. Should our voice mail system answer your call, please call the emergency number and Dr. Lumsdon will be notified. It is important to leave a call back number so your call may be returned.

At Choice Dental Centre of Greenwood we want your experience to be a good one. Let us know if you have any special concerns about your dental treatment. It is no surprise to us that the dental office is not everyone's favorite place to visit. Our goal is to change that opinion.

We will be happy to file insurance for you. Any estimation given is not a guarantee of payment and is based on information supplied by your insurance company. We strive to be as accurate as possible, however your insurance benefits are your responsibility and the total fee is your balance. We also understand that sometimes offering payment options can be helpful. We have several plans that allow you payment choices. Just ask if this would be helpful.

We offer a wide range of dental services. Cleanings, non-surgical gum treatment, white bonded fillings, crowns, bridges, cosmetic veneers, implant retained restorations, dentures, partials, and whitening to name a few. We offer such a wide range of services to our patients because we understand it takes time to become comfortable with a dental office. Therefore, unless it is in your best interest to be referred to a specialist, we want you to be treated here.

We Want to Take Care of Your Concerns and Needs First...

How did you hear ab	out us? Circle your an	swer		
Newspaper Website	e Friend Co-worker	Insurance Drive-	by Angie's List	
Name of person/othe	r source:			
When was your last o	dental visit?			
Why did you leave yo				
What are your presei	nt dental problems?			
Do you avoid brushii	()y	es () no		
Do your gums bleed when brushing?				es () no
Are you teeth sensitive to sweets, hot/cold, or biting pressure?				es () no
DI I	C 1 11	<i>(</i>	1	
	feel about the appearand I like it		•	
I like it very much	I like it	It's okay	I would like to change it	
What would you like	to change about your sn	nile?		
What do you want to	accomplish for today's	visit?		
Circle anv of the foll	owing that you are inter	ested in learning abo	ut.	
	Options for replacing mi	=		Implants
	for grinding teeth	Other		