Patient Information

Name _____ Soc. Sec. #_____
Last Name First Name Initial

Mailing Address _____ Home Ph. _____

City _____ State _____ Zip _____

Sex ❒ M ❒ F Age _____ Birthdate _____ ❒ Single ❒ Married ❒ Widowed ❒ Separated ❒ Divorced ❒ Domestic Partner

Patient Employed by _____ Occupation _____

Email _____ Bus. Ph. _____ Cell. Ph. _____

Do you have a google or yelp account? ❒ Yes ❒ No

Whom may we thank for referring you? _____

In case of emergency who should be notified? _____ Phone _____

Informed Consent for CT Scan

I have been advised that a CBCT scan is recommended as a diagnostic tool for my dental condition or for use to help aid in my dental treatment. Northwest Endodontic Specialists and your general dentist will not diagnose any condition beyond the scope of your presumed dental condition and will not be responsible for diagnosing conditions outside of the dental area. I have a right to a copy of the CT scan for evaluation by a radiologist if desired at my own expense.

Method of Payment

Which of the following methods of payment will you be using? (Fees must be paid in full at the completion of treatment.)

Method of Payment: ❑ Cash ❑ Check ❑ VISA ❑ MC ❑ Discover ❑ Care Credit

If dental insurance applies: *Although this office files insurance claims as a service to the patient, the insurance contract is between the patient and the insurance company. As we have no control over the insurance company's method of payment or amount of payment, any difference of payment is entirely the responsibility of the patient.*

Initials _____

HIPAA Acknowledgement of Receipt of Notice of Privacy Practices

PLEASE PRINT NAME: _____ SIGNATURE: _____ DATE: _____

****You may refuse to sign this acknowledgement**

❑ Patient refused to sign HIPAA _____

Release of Information

I hereby give permission to the person(s) listed below to receive information about the care of the above named patient.

Name(s): _____ Relationship to Patient: _____

All information written is true and complete.

Signature: _____ Date: _____