



Part 1: PATIENT INFORMATION

Name _____ Address _____ E-Mail _____
City _____ State _____ Zip _____ Birth Date _____ Sex _____
Home Phone _____ Cell Phone _____ Employer _____
Soc. Sec. # _____ Spouse's Name _____ Student? _____ If yes, which school? _____
Emergency Contact Name _____ Phone Number _____ Relation _____

Part 2: INSURANCE INFORMATION

If you would like to use your dental insurance, please fill out the following and sign:

Insured's Name _____ Insured's Soc. Sec. # _____ Insurance Co. _____
Insured's relationship to patient _____ Insured's date of birth _____ Insured's Employer _____

I authorize payment directly to Dental Care of Aurora, and any portion of my bill not covered by insurance is my responsibility!

Payment is expected at the time services are rendered. We accept cash, MasterCard, Visa, Discover, debit cards, and dental insurance. We also have 2 types of payment plans available. If you would like to apply for either, please let us know!!!

SIGNATURE _____ **DATE** _____

Part 3: DENTAL QUESTIONS

How can we help you? _____ How did you hear about our office? _____
If you found our office on the internet, what category, terms and words did you search under? _____
Were you satisfied with your past dental treatment? _____ If not, why? _____
How would you describe a good dentist? _____
Are you pleased with the appearance of your teeth? Yes / No If no, what would you change? _____
Would you like whiter teeth? Yes / No Do your gums ever bleed? Yes / No
How would you describe your present dental health? _____

SIGNATURE _____ **DATE** _____

Part 4: HIPPA ACKNOWLEDGEMENT

I acknowledge that I have read the HIPPA policies of Hylan Dental Care of Aurora. Hylan Dental Care of Aurora has answered all of my questions concerning their legal policies, healthcare operations, patient rights, and defamation practices. I understand that I may request a copy of these policies at any time. I agree to the terms they have set forth and I would like to begin treatment with them as their patient.

SIGNATURE _____ **DATE** _____