BIRMINGHAM ORTHODONTICS

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PATIENT INFORMATION

(Patients less than 21-years of age MUST have a Responsible Party)

Patient full name: _____ Nickname: _____

Date of Birth / /	Age	Sex	Social Security #	Marital Status S M D W	Driver's License #/State

Best Phone #	Home Phone #	Cell Phone #	Work Phone #
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	( ) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Email address for notifications: _____ School: _____

EMERGENCY CONTACT

Full Name: _____ Best Phone #: ( ) _____ - _____

Relationship to Patient: _____

Name of Patient's Dentist: _____

Did your dentist refer you to Birmingham Orthodontics for consultation? O Yes O No

Please list any other family members currently in treatment with us:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

How did you hear about our office? Patient Referral: _____

Other Source: O TV O Radio O Internet O Insurance O Yellow Pages O Coupon O School Program O Print Ad O Other: _____

IS PATIENT COVERED BY ORTHODONTIC INSURANCE? O Yes O No * IF YES, PLEASE COMPLETE ATTACHED INSURANCE FORM *****

RESPONSIBLE PARTY INFORMATION

Responsible Party Full Name: _____ This is the person financially responsible for payments on this account.

Responsible Party Employer/City/State	Occupation	Time at Job (Years/Months) _____ / _____

Relationship to Patient: O Self OParent O Grandparent O Aunt/Uncle O Legal Guardian O Other Relationship: _____

Do you have legal custody of this patient? O Yes O No

If patient is responsible party, you do not need to fill out information twice. Please disregard next four lines.

Date of Birth / /	Age	Sex	Social Security #	Marital Status S M D W	Driver's License #/State

Best Phone #	Home Phone #	Cell Phone #	Work Phone #
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	( ) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Email address for notifications: _____

FINANCIAL RESPONSIBILITY

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default.

_____ _____

RESPONSIBLE PARTY SIGNATURE **DATE**