

Welcome

The benefits of a healthy, beautiful smile are immeasurable. Our goal is to allow you to obtain the healthy teeth and attractive smile you want and deserve

327 Bridge Plaza, North, Fort Lee, NJ, 07024
(201) 592-6222, www.SingerDentist.com

Today's Date _____

General Information

Name _____ I Like To Be Called _____
Address _____ City/State _____ Zip _____
Home Phone _____ E-mail _____
Cell Phone _____ Best # to reach you at _____
Soc. Sec. # _____ Birthdate _____
Patient's or Parent's Employer _____ Work Phone _____
Business Address _____ City/State _____ Zip _____
Spouse/Parent's Name _____ Employer _____ Day Phone _____
If Patient is a Student, Name of School/College _____ City/State _____
Emergency contact Name: _____ Phone _____
Whom May We Thank For Referring You? _____

Current Needs

What is your goal for today? _____ Date of last dental visit _____
Do you have concerns about today's visit? _____
Are you seeking a second opinion? Yes No Regarding what treatment? _____

Responsible Party

Name of Person Responsible for Account _____ Birthdate _____
Address _____ Home Phone _____
Employer _____ Work Phone _____ Relationship to Patient _____

Payment Information

The options for payment will be explained to you after treatment plans have been discussed. Payments may be made in cash, check, VISA, MasterCard, American Express, Discover, or we can arrange third party financing for you.

Do you have dental insurance? Yes No If you have dental insurance, please provide us with the appropriate information so we can submit claims electronically for prompt reimbursement. As a courtesy to you, we will fill out the necessary forms for your insurance so you are reimbursed directly. We will make every effort to help you maximize your benefits.

Appointments are scheduled to allow sufficient time to attend exclusively to your needs. For appointments which are not kept or cancellations with less than 48 hours notice, we reserve the right to charge cancellation fee.

I hereby give Dr. Joel Singer authorization to use my photographs/slides for educational or promotional purposes.

Signature _____ Date _____