

# WELCOME

WE ARE PLEASED TO WELCOME YOU TO OUR PRACTICE. PLEASE TAKE A FEW MINUTES TO FILL OUT THESE FORMS AS COMPLETELY AS YOU CAN. IF YOU HAVE QUESTIONS WE WILL BE GLAD TO HELP YOU. WE LOOK FORWARD TO HAVING YOU AS A PART OF OUR DENTAL FAMILY.

## PATIENT INFORMATION

Name \_\_\_\_\_ Soc. Sec.  
# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Single \_\_\_ Married \_\_\_  
Divorced \_\_\_ Widowed \_\_\_

Employer \_\_\_\_\_ Occupation  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Business  
Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail  
\_\_\_\_\_

How did you hear about our office?

\_\_\_\_\_

Briefly tell us what you would like to have done today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

Person Responsible for Account \_\_\_\_\_ Soc. Sec  
# \_\_\_\_\_

Birthdate \_\_\_\_\_ Relation to  
Patient \_\_\_\_\_

Person Responsible Employed By \_\_\_\_\_ Occupation  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber #  
\_\_\_\_\_

# SMILE HIGH DENTAL CARE

10311 WASHINGTON STREET  
THORNTON, COLORADO 80229

## SPECIAL NOTE TO NEW PATIENTS

A PROFESSIONAL CLEANING PERFORMED BY A DENTAL HYGIENIST OR A DENTIST IS A MEDICAL PROCEDURE AND MUST BE PRESCRIBED BY A QUALIFIED HEALTH CARE PRACTITIONER. IN SOME CASES, DENTAL CONDITIONS EXIST THAT HAVE TO BE ADDRESSED BEFORE A CLEANING IS POSSIBLE. IN THESE CIRCUMSTANCES, OTHER TYPES OF TREATMENT MAY BE REQUIRED FIRST, IN ORDER TO BEST PROVIDE FOR THE HEALTH OF THE PATIENT.

BECAUSE OF THIS, LEGALLY AND ETHICALLY, AN EXAMINATION AND X-RAYS – AS REQUIRED BY THE DENTIST – MUST BE DONE BEFORE A CLEANING CAN BE GIVEN. AFTER AN EXAM AND X-RAYS HAVE BEEN DONE, THE DOCTOR WILL BE ABLE TO SEE WHETHER OR NOT A CLEANING IS NEEDED AS THE NEXT STEP, OR IF A DIFFERENT PROCEDURE IS REQUIRED FIRST.

DR. JENNIFER HELGESON AND HER STAFF ARE COMMITTED TO HELPING THEIR PATIENTS ACHIEVE AND MAINTAIN HEALTHY TEETH AND GUMS FOR THE LONG TERM. THE PROCEDURES WE FOLLOW ARE IN THE INTEREST OF ACHIEVING THIS FOR AS MANY OF OUR PATIENTS AS IS POSSIBLE.

I have read the above statement and have been given the opportunity to ask any questions about it.

I understand it.

\_\_\_\_\_  
**PRINT**

\_\_\_\_\_  
**SIGN**

\_\_\_\_\_  
**DATE**

IN THE EVENT THAT YOU DECIDE TO SEEK DENTAL CARE FROM A PRACTICE  
OTHER THAN SMILE HIGH DENTAL CARE AND/OR DR. JENNIFER HELGESON –  
PLEASE BE ADVISED THAT A **\$50 RECORDS PREPARATION FEE** WILL NEED TO  
BE PAID BY YOU **PRIOR** TO US RELEASING YOUR RECORDS/X-RAYS TO ANOTHER  
PRACTICE

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**PRINT**

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**SIGN**

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**DATE**