

Timothy G. *Mc*aboney, DDS

CONFIDENTIAL INFORMATION QUESTIONNAIRE

* **NOTE: PARENTS OR GUARDIANS** - if you are filling out his questionnaire for a child, please list your employers, etc.

Please Print

PATIENT'S NAME		LAST	FIRST	MIDDLE	DATE OF BIRTH			SEX	S.I.N.
					D	M	Y		
PATIENT'S ADDRESS		STREET	APT #	CITY	PROV	POSTAL CODE		HOME PHONE	
E-MAIL ADDRESS								CELL PHONE	
PATIENT'S EMPLOYER				OCCUPATION				WORK PHONE	
MARITAL STATUS		SPOUSE'S NAME		LAST	FIRST	MIDDLE	DATE OF BIRTH		
<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D							D	M	Y
SPOUSE'S EMPLOYER				OCCUPATION			WORK PHONE		CELL PHONE
EMERGENCY PERSON WE CAN CONTACT (OTHER THAN YOUR FAMILY HOME)									
NAME				WORK PHONE			HOME PHONE		
NAMES OF OTHER FAMILY MEMBERS THAT ARE PATIENTS HERE					WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE?				

INSURANCE AND FINANCIAL INFORMATION

Do you have dental coverage? _____
Please give information at front desk.

FINANCIAL POLICY

Please Read

Expenses incurred at each visit are the responsibility of the patient. Our staff will be happy to complete necessary dental claim forms for reimbursement. We accept Visa, MasterCard, American Express, Debit and Cash. Personal cheques will be accepted with a credit card number guarantee.

RELEASE

I am financially responsible for any balances due. I authorize the dentist to release any information required for my dental insurance claim. I authorize that my records can be used by the doctor if he so determines.

In consideration of the service rendered to me by this dental office I am obligated to pay said office in accordance with its credit terms and policy.

I consent to the taking of photographs and x-rays before, during and after treatment, and to the use of same by the doctor in scientific papers or demonstrations.

I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

Signature _____ Date _____