Smile4Us Dental
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(281) 440-0814 - smile4us1960@gmail.com

Patient form

New Patient Registration

Bring this completed form to your first visit, or fill it out at the clinic.

[TODO: clinic to review and approve this template before using it with patients.]

Patient information

Legal name _____

Preferred name _____

Date of birth _____

Phone _____

Email _____

Address _____

Emergency contact _____

Emergency contact phone _____

Responsible party

[ ] Patient is responsible for account

[ ] Parent/guardian is responsible for account

Responsible party name _____

Relationship _____

Phone _____

Communication preferences

[ ] Phone call

[ ] Email

[ ] SMS only if separate TCPA consent is signed

Please do not include sensitive medical information in email or text messages.

Signature

Patient/guardian signature _____

Date _____