



MANTIS DENTISTRY & IMPLANT CENTER

Believe. Grow. Achieve.

Welcome To Our Office

Patient information:

How did you hear about us:

Last name _____ First name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ - _____ Work Phone (____) _____ - _____ ok to call work Yes No

Cell Phone (____) _____ - _____ Email _____

S.S. # _____ Sex: M F Birthday _____

Married Divorced Separated Widowed Single Dental Insurance: Yes _____ No _____

Employer's Name: _____ Insurance Co: _____

What Dental Concerns bring you in today: _____

Responsible Party Information:

Last name _____ First name _____

MI _____

Address _____ City _____ State _____

Zip _____

Home phone (____) _____ - _____ Work Phone (____) _____ - _____ ok to call work Yes

No

Cell Phone (____) _____ - _____

Email _____

S.S. # _____ Sex: M F

Birthday _____

Married Divorced Separated Widowed Single

Additional Information:

Phone number of the nearest relative not living with you (____) _____ - _____

Whom may we thank for referring you? _____ Other Source _____

I UNDERSTAND THAT PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED. A MONTHLY CHARGE OF 1.5% PER MONTH WILL BE ADDED ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS.

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

Date _____ Signature of Parent/ Guardian _____