

Registration and Examination
ALBERT J. FONTAINE, D.M.D.

Exam Date _____

Name _____

Address _____

Sex M F Age _____ D.O.B. _____ Phone # _____

School _____

Responsible Party:

Occupation _____ SS# _____

Employed By _____ Phone # _____

Parent/Spouse Name _____ Occupation _____

Employed By _____ Phone# _____ SS# _____

Name and Address of Responsible Party

INSURANCE PLAN _____ PLAN/GROUP# _____

PHONE NUMBER OF DENTAL INSURANCE PLAN _____

SS# OF POLICY HOLDER _____

DATE OF BIRTH OF POLICY HOLDER _____

GENERAL DENTIST _____ REFERRED BY _____

REASON FOR CONSULATION _____

CONCERNING FEES:

THERE IS NO FEE FOR ORTHODONTIC EXAMINATIONS. THERE IS A FEE FOR TMJ EXAMINATIONS PAYABLE AT TIME OF SERVICE. IF ORTHODONTIC TREATMENT IS INDICATED AND AGREED UPON, THE DIAGNOSTIC AND TREATMENT PLANNING RECORDS WILL BE OBTAINED. THE FEE FOR THESE RECORDS IS SEPARATE FROM THE ORTHODONTIC TREATMENT FEE, WHICH WILL BE DISCUSSED TODAY. AT NO TIME WILL ANY PROCEDURE BE DONE WITHOUT CONSENT OR PREVIOUSLY DISCUSSED FINANCIAL ARRANGEMENTS WITH YOU.

PARENT/GUARDIAN SIGNATURE

Examples of Disclosures for Treatment, Payment and Health Operations