

CENTER FOR ORAL & FACIAL ENHANCEMENT

PATIENT INFORMATION

Date _____

(Mr.,Mrs., Ms. Dr.) Last Name _____ First Name _____ MI _____

SS# _____ Birthdate _____ Age _____ Marital Status _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Ext. _____ Cell _____

What is the best way to contact you for Confirmations: H W Cell Email Text Message

For text messaging: What is your service: Verizon Cingular T-Mobile Sprint Other _____

Employer _____ Occupation _____

General DDS _____ Physician _____ Referred By _____

GUARANTOR INSURANCE INFORMATION

(Mr.,Mrs., Ms.) Last Name _____ First Name _____ MI _____

SS# _____ Birthdate _____ Age _____ Marital Status _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Ext. _____ Cell _____

Employer _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Ext. _____ Driver's License Number _____

Dental Insurance _____ Policy Number _____ Group Number _____

Medical Insurance _____ Policy Number _____ Group Number _____

Relationship to Patient _____

PANORAMIC X-RAY AUTHORIZATION

Most procedures, including wisdom teeth extractions and dental implants, require a panoramic x-ray for proper diagnosis. This panoramic x-ray must be within 6 months of surgery. The fees are due at time of service. Your Insurance may or may not allow benefits for x-rays due to annual limits or other reasons. We will provide you with necessary claim forms for reimbursement directly to you. Please initial here to consent:

Panoramic x-ray (\$110) **Periapical x-ray (\$30)** **Facial x-ray (\$150)**

CONSULTATION AUTHORIZATION

A full consultation and evaluation is necessary for many conditions and prior to many procedures. The consultation fee is due on the day of appointment. Your Insurance may or may not allow benefits for consultations due to annual limits or other reasons. Please initial here to consent for consultation:

Minor consultation (\$95) **Major consultation (\$125)** **TMJ consultation (\$125)**