KREUZER
FAMILY DENTISTRY

300 Browns Hill Ct · Midlothian, VA 23114
(804) 379-0875 · info@kreuzerdentistry.com

Patient Registration

PLEASE PRINT CLEARLY · TODAY'S DATE: _____

PATIENT INFORMATION

First name | Last name | Preferred name

Date of birth | Sex ☐ Male ☐ Female ☐ Other | Marital status | Social Security number (required)

Mailing address | City | State | ZIP

Cell phone | Home phone | Work phone | Email address

Preferred method of contact ☐ Call ☐ Text ☐ Email

Text reminders & appointment confirmations? ☐ Yes ☐ No

DENTAL INSURANCE

No dental insurance? Skip this section and ask us about Smile Care.

Policy holder's full name | Date of birth | Relationship to patient

Insurance company | Policy holder's Social Security number | Member ID

Group number | Employer

NOTICE OF PRIVACY PRACTICES

Acknowledgement of receipt. Our Notice of Privacy Practices is posted in the office, and copies are available any time you'd like one. By signing below, you're confirming you've had the chance to read it.

Signature of patient, parent, or guardian | Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

AUTHORIZATION & FINANCIAL RESPONSIBILITY

I authorize Kreuzer Family Dentistry to release any information, including diagnosis and record of treatment rendered to the patient, to third party payors and/or health practitioners. I authorize and request my insurance company to assign benefits to Kreuzer Family Dentistry. I agree to be financially responsible for payment of all services rendered on behalf of myself and my dependents.

Patient, parent, or guardian — printed name | Signature | Date