

VIVID DENTAL

Family and Cosmetic Dentistry

Dr. Monti Harpalani

11560 FM 1960 West, Suite # 200 Houston, TX 77065 Telephone Number :(281) 809-4902

www.myvividental.com

All information is kept strictly confidential. The information provided by you is secured and will not be shared to a third party without your prior approval.

Patient Registration Form:

Patient Name:

First MI Last Preferred Name

Social Security Number:

_____ Date of Birth: _____
000-00-0000 mm/dd/yyyy

Email address:

Phone:

Home Cell Work

Address:

Street Apt # City State Zip Code

Employer: _____ Occupation: _____

Marital Status: Single Married Divorced Widowed Separated
 Domestic Partner

Emergency Contact:

First Last Relationship

Phone:

Home Cell Work

Do you prefer to be contacted for appointment confirmation via e-mail or phone?

Medical Insurance Information

Dental Benefits Company: _____

Insurance Company Address: _____

Toll Free Phone Number: _____

Are you the subscriber? Yes No (if yes, skip to Group Number)

Subscriber:

First Last Social Security Number Date of Birth

Group Number: _____ Subscriber ID Number (may be SSN): _____

How Did You Hear About Us? (Please select all that apply)

Through a friend or family member

What is their Name?

First Last

On the Internet

Google Yahoo Yelp CitySearch Facebook

Other Please describe: _____

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to **Vivid Dental** all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____

Relationship: _____ Date: _____

CONSENT: I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

Patient/Guardian Signature: _____