DENTAL QUESTIONS

What is your main concern about your teeth?	
Is there anything you would like to change about you	ır smile?
Do you suffer from jaw pain or morning headaches?	If so, have you worn a mouthguard?
Is there anything else we should know about your te	eth or dental history?
How did you decide to come to our practice?	
FINANCIAL ARRANGEMENTS	
If you have dental insurance coverage, please bring yelaims to almost all insurance plans. With the except we do not have a contract to accept insurance payme will pay the entire cost; you are responsible for the a you to be fully aware of the details of your plan, and any way they can.	tion of Medicaid and certain Delta Dental plans, ents as payments in full. Very few insurance plans mount not covered by your insurance. We advise
We accept cash, check, Visa, MasterCard, and CareCr pay in full by cash or check on the day of service.	edit payments. A 5% discount is available if you
I have read and understood the above, and agree to pay all unpa	aid balances for myself and persons on my account.
Signature	Date
I have been made aware of the privacy policy of this practice, a	nd understand that I can receive a print copy at any time.
Signature	Date