

TELEPHONE COMMUNICATION SLIP

TYPE OF CALL: New Patient Emergency **APPT DATE** _____

Welcome to our Practice. So that I can set up your record and find an appropriate appointment time, I would like to get some information.....

Is there anyone in your family already a patient of this practice? _____ Will you be a patient under this same account? _____

May I ask how you found our practice? _____ (if no family member is already a patient)

NAME _____ **DOB** _____

ADDRESS _____

HOME PHONE _____ **CELL** _____ **WORK** _____

EMAIL _____

DENTAL INSURANCE: Although we contract with many insurance companies in there Preferred Provider Networks (PPO/PDP/EPO plans) we encourage all patients to check the listing of providers for their individual plan to verify that we are listed. Plans are Employer specific and can have a different network of providers.

Insurance Company: _____ **Effective Date:** _____

Employer the Insurance is through _____

Group or Plan Number _____

Member ID _____

DOB of Subscriber ((if diff than patient) _____

HISTORY:

DATE OF LAST CLEANING _____ **BITEWING XRAYS** _____

FULL MOUTH XRAYS _____ **EXAM** _____

OTHER HISTORY INFO: _____

DO YOU NEED TO PREMEDICATE? YES NO

(Has a surgeon ordered antibiotics after a joint replacement; or a has a Dr recommended for a heart condition) The Doctor ordering the use will be the Dr. who will prescribe it for you. Please be sure to take it before coming in for your appointments.

ARE YOU EXPERIENCING ANY OF THE FOLLOWING:

BROKEN TOOTH PAIN LOST FILLING

SENSITIVITY LOST/LOOSE CROWN

OTHER _____

Revised: 09/07/2022

FAMILY MEMBERS: ON BACK

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FAMILY MEMBERS

NAME _____ DOB: _____ APPT: _____

LAST CLEANING _____ XRAYS _____ EXAM: _____

PHONE: _____

NAME _____ DOB: _____ APPT: _____

LAST CLEANING _____ XRAYS _____ EXAM: _____

PHONE: _____

NAME _____ DOB: _____ APPT: _____

LAST CLEANING _____ XRAYS _____ EXAM: _____

PHONE: _____

INFORMATION:

Please visit our website at www.nicholsfamilydentistry.com to fill out and submit your new patient forms. Click the form that has “online” to access these forms. Fill out the form and click submit. Please arrive 10 minutes prior to your appointment. We will also need a copy of your insurance card, so please bring that with you. Any bitewing xrays (4 in the back of the mouth) taken within the year will need to be transferred and any full mouth set of xrays (approximately 20) within the last three years should also be transferred. We will need these prior to your appointment. There is a records release form in the new patient forms for your convenience.

Your first appointment will take approximately 1 hour. This includes putting all existing conditions (filling, etc) in the computer chart, checking gums (perio charting), taking needed xrays, cleaning and exam by the doctor. Please allow the full time in your schedule so that we may have the necessary time to meet you, show you the office and give you our quality treatment

All patient portion of treatment and co-payments are due at the time of your visit. We will file your insurance claim for you. We take Master Card, Visa, Discover, check and also offer Care Credit.