Chrystal T. Rooks DDS, PA
ROOKS DENTISTRY

303 East Broadway St., Pink Hill, NC 28572
252-568-3711 Tel • 252-568-3129 Fax

## PATIENT INFORMATION

Patients Name _____ Birth Date _____ SS# _____

Check Appropriate: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Address _____ _____ _____ _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Drivers License Number _____ E-mail Address _____

Name of person responsible for this account _____

Relationship to Patient _____ Home Phone _____

## INSURANCE INFORMATION

Please make sure that before you leave we have made a copy of your insurance card. If at any time your insurance changes, it is your responsibility to inform us of those changes. If you do not have dental insurance, we will be glad to assist you with financial arrangements.

Name of Insurance Co. _____ Policy# _____

If you do not have insurance, please check here ☐

## NOTICE OF PRIVACY PRACTICES

I, _____ , have received a copy of the office's Notice of Privacy Practices. I also agree to keep confidential any health information that I may see and/or hear from an incidental and /or non-incidental source.

I, _____ , give Rooks Dentistry permission to release any information concerning my medical/ dental information to insurance companies, other medical/dental offices as well as my family members:

_____ _____ _____
Print Name Signature Date

## FOR OFFICE USE ONLY

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

☐ Individual refused to sign ☐ Communications Barrier ☐ Emergency Situation

☐ Other