

Fairview Dental

329 E. Logan
Caldwell, Idaho 83605
(208)-459-3388

Date: _____

Patient Information

Patient: _____ Birthdate: _____ Age: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Driver's License #: _____

Preferred method to contact: Home Phone: _____ Text Phone: _____

Work phone: _____ E-mail: _____

Employer: _____ Employer address: _____

Spouse/Parents: _____ SS#: _____ DOB: _____

(circle one) _____ SS#: _____ DOB: _____

Spouse/Parents Employer: _____ Address: _____

Person Responsible for Account: _____ Work ph: _____

Referred by person _____ drive by ad/coupon phonebook

In Case of Emergency we may contact:

Name: _____ Relationship to patient: _____ Phone: _____

Name: _____ Relationship to patient: _____ Phone: _____

Primary Dental Insurance Information

Insurance Company: _____ Group #: _____

IF POLICY HOLDER IS DIFFERENT THAN PATIENT PLEASE FILL OUT:

Policy Holder's Name: _____ SS#: _____ Member ID#: _____

DOB: _____ Employer: _____ Work Ph: _____

(Secondary Insurance: Double Coverage)

Insurance Company: _____ Group #: _____

Policy Holder's Name: _____ SS#: _____ Member ID#: _____

DOB: _____ Employer: _____ Work Ph: _____

BROKEN APPOINTMENTS

One of our greatest obstacles to providing outstanding service is those rare occasions when patients do not show up for a scheduled appointment. This puts us in a difficult position because we reserve the appointment for individualized care and it is virtually impossible to fill the time. To help prevent broken appointments and provide better service to those patients who do show up, we have implemented the following policy:

1. An appointment may be cancelled up to 48 hours before the actual appointment time.
2. We reserve the right to charge a fee for broken appointments which must be paid before the next appointment will be scheduled.

_____ Initial