Medical Alert for Office Use

DREW BEATY DDS
family and cosmetic dentistry

Patient Information

Please Print

Last: _____ First: _____ Middle: _____ Preferred: _____
Street: _____City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ May we contact you by email? (circle) **Yes No**
Date of Birth: _____ Social Security Number: _____ Sex: (circle) **M F**
Employer: _____ Position: _____
Emergency Contact: _____ Phone: _____

Insurance Information

Primary Insured		**Secondary Insured**	
Subscriber Name		Subscriber Name	
Subscriber SSN		Subscriber SSN	
Date of Birth		Date of Birth	
Relationship to Subscriber		Relationship to Subscriber	
Employer Name		Employer Name	
Insurance Company		Insurance Company	
Insurance Group #		Insurance Group #	
Insurance Phone #		Insurance Phone #	
Please present your insurance card and photo I.D. to our patient services representative to be photocopied			

Insurance Authorization Statement (Sign & Date)

I hereby authorize payment directly to the office of Dr. Robert Beaty of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. I hereby authorize the Dr. Beaty's office to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history is correct to the best of my knowledge.

Guarantor Signature: _____ Date: _____

Treatment Authorization

I authorize and give consent to perform dental services agreed between doctor and patient and/or parent or guardian to be necessary or advisable including the use of local anesthesia and other medication as indicated.

- Payment for all treatment and services rendered are my responsibility.
- A notice of 2 business days to cancel or reschedule an appointment is required, or a fee may apply.

_____ _____
PATIENTS SIGNATURE DATE

If patient is a child or requires a guardian:

_____ _____
PARENT/GUARDIAN SIGNATURE DATE