

Welcome!

We would like to thank you for choosing Trolley Dental Care as your dental provider. We are dedicated to giving you quality, state-of-the-art dental care in a comfortable, relaxing atmosphere. We strive to earn your confidence at every visit. Please complete the following form so we may provide the best possible care for you. (You can press the Tab key to move between fields.)

Date:

Name:

I like to be called:

Employer:

Occupation:

Married?

Spouse's Name:

Student?

School/College:

Interests/Hobbies:

How did you hear about our office?

When was your last visit to a dentist?

Previous Dentist's name:

Why did you leave your previous dentist?

Whom may we contact in case of an emergency?

Name:

Relationship:

Phone #:

Please Note: Our office will file your insurance claim and do our best to estimate your copay. Please be advised that this is only an estimate and is subject to change.

We understand that at times it will be necessary to change your scheduled appointment. In consideration of the Doctor's schedule and other patients that need appointments, **we require a 48-hour notice to cancel or change appointments. Please note there is a \$35.00 or greater fee charged if you fail to show up for your appointment or cancel with less than 48-hours' notice.** Thank you for your cooperation.

I hereby acknowledge that the information given herein is correct to the best of my knowledge. I understand the information contained herein will be held in the strictest confidence and only be used in reference to my dental treatment and insurance filing. Furthermore, I authorize Trolley Dental Care P.C. to administer medications and perform procedures necessary for my proper dental care.

Print name:

Email Address:

Home Phone #:

Mobile Phone #:

Work Phone #:

Signature: _____

(If Patient is Under 18, Signature of Parent or Legal Guardian is Required)