
Patient Information

Patient Name _____ Date of Birth _____ Sex _____ Age _____
Address _____ Marital Status _____
City/State _____ Zip _____ Social Security # _____

Employer's Name _____ Employer's Address _____
Occupation _____

Spouse's Name _____
Spouse's Employer _____
Occupation _____ Today's Date _____
Whom may we thank for referring you? _____
Address of Responsible Party (if different from above) _____

Contact Information

Home Phone _____ Work Phone _____ Cell Phone _____
Spouse's Work _____
Best Time and Place to Reach You _____
Email Address _____

In Case of Emergency, Please Contact:

Name _____ Relationship _____
Phone _____

Dental History

Reason for Today's Visit _____
Former Dentist/Address _____
Date of Last Dental Visit _____

Are you happy with the appearance of your smile? ____ If not, what would you like to change about it? _____
Would you like to hear about some of the newest options in teeth whitening? _____

Place a mark to indicate if you experience any of the following:

Bleeding Gums	Swollen or Tender Gums	Cold Sensitivity
Bad Dental Experiences	Lip or Cheek Biting	Hot Sensitivity
Burning Sensations	Loose Teeth	Biting Sensitivity
Problem Fillings	Mouth Breathing	Sweet Sensitivity
Tobacco Use	Orthodontics	
Dry Mouth	Fever Blisters	
Fingernail Biting	Mouth Sores	
Food Collection B/T Teeth	Gum Treatment	
Grinding Teeth	Pain Around Ear	

How Often Do You Floss? _____ How Often Do You Brush? _____

Patient Information

Physician's Name _____ Date of Last Visit _____

Physician's Phone: _____

Have you had any serious illnesses or operations? yes no

If yes, please describe: _____

For Women:

Are you currently pregnant? **yes** **no** Nursing? yes no Taking Birth Control Pills? yes no

Check yes for all that apply:

HAVE YOU EVER TAKEN ANY BISPSPHONATES? yes no

AIDS	Cortisone Treatment	Respiratory Disease	Rheumatic Fever
Anemia	Cough, persistent	Hepatitis	Scarlet Fever
Arthritis, Rheumatism	Diabetes	High Blood Pressure	Shortness of Breath
Artificial Heart Valves	Epilepsy	HIV Positive	Skin Rash
Artificial Joints	Fainting	Kidney Disease	Stroke
Asthma	Glaucoma	Liver Disease	Feet/ankle swelling
Back Problems	Headaches	Mitral Valve Prolapse	Thyroid Problems
Blood Diseases	Pacemaker	Nerve Problems	Blood Thinners
Cancer	Heart murmur	Tonsillitis	Tuberculosis
Chemical Dependency	Heart Problems, describe: _____	Psychiatric Care	Venereal Diseases
Chemotherapy		Ulcers	
Circulation Problems		Radiation Treatment	

Other _____

List All Prescription/Over-the-Counter Medications You Are Currently Taking: _____

Allergies: _____

WE ACCEPT LOCAL BANK CHECKS WITH A VALID TEXAS DRIVERS LICENSE ONLY.

You may pay with MC, Visa, Discover, Care Credit or cash.

Patients with dental insurance acknowledge that all dental services are billed to the patient directly, and the patient is personally responsible for the complete payment of all charges incurred.

Estimated payment is required at the time services are rendered. When possible, dental claims will be submitted by Park Cities Dental Group. Occasionally, insurance plans do not pay what they initially indicate. PCDG will make a reasonable attempt to resolve problems with claims; however, insurance claims not paid within 60 days are due in full from the patient.

If there remains a balance after insurance issues payment, I will receive a billing statement for the balance, which I will pay within (10) days. All balances still existing 90 days after receipt of insurance payment will be subject to recovery by a collection agency.

I grant my permission for Dr. Smith, Dr. Allison, and/or Dr. Moseley to perform an examination and/or other forms of testing in order to assess my oral health.

I grant my permission to telephone me at home or work to discuss matters related to this practice.

Our quoted fees are valid for 90 days. Fees are subject to change without notice. PPO fees are subject to change according to the carrier.

I have read the above information and understand and agree to the terms.

Patient/Guardian Name _____ Date _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Park Cities Dental Group
3110 Webb Avenue, Suite #300
Dallas, TX 75205
(214)528-7870

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIP AA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my health information. I understand that your office has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this office at any time at the address listed above to obtain a current copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

DATE:	INITIALS:	REASON:
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CONTACT INFORMATION

Telephone: 214.528.7870
Fax: 214.526.1761

HOURS OF OPERATION

Monday - Thursday, 8 a.m. to 5 p.m.
Friday, 8 a.m. to noon

Our Location



3110 Webb Ave.
Suite 300
Dallas, Texas 75205

[▶ view map](#)

In between McCommas and Monticello, right off US-75.

If you are coming from the north simply take US-75 Central Expressway to the Mockingbird exit. Stay on service road. Pass McCommas. Turn right on Webb.

If you are coming from the south, take US-75 to Knox. Turn left on Knox. Turn right on McKinney. Pass Monticello. Take a left on Webb.

We are the last building on the right, on the third floor, suite 300.

