

# Terry L. Carano, DDS, PA

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Plano, TX 75093

(972) 608-1811

## Please complete the following confidential information

### Patient Information

e-mail \_\_\_\_\_

Date \_\_\_\_\_

Name _____	Spouse _____
Address _____	Social Security No. _____
City _____ State _____ Zip _____	Home Phone _____ Bus. Phone _____
Date of Birth _____	Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/>
<i>If this appointment is for your child, complete the following:</i>	
Name _____	Date of Birth _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Address _____	Home Phone _____
City _____ State _____ Zip _____	School _____ Grade _____

### Insurance Information

<i>Primary Carrier:</i>		
Insurance Company _____	Employer _____	Date of Birth _____
Group No. _____	Union or Local No. _____	Date Employed _____
<i>Secondary Carrier:</i>		
Insurance Company _____	Employer _____	Date of Birth _____
Group No. _____	Union or Local No. _____	Date Employed _____

### Account Information

Person financially responsible for this account _____	Relationship to patient _____
Address (if different than patient) _____	Phone _____
Employer _____	Business Phone _____ Business Address _____

### Emergency Contact

Is another member of your family or relative a patient at our office? Yes <input type="checkbox"/> No <input type="checkbox"/> Their Name _____	
Referred to us by _____	
Person to contact in case of emergency _____	Phone _____
Address _____	City _____ State _____ Zip _____

I understand responsibility for payment for Dental Services provided in this office for myself and my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1-1/2% finance charge (18% annual percentage rate) may be added to my account.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_