

#### 136 N. Ridge St., Suite C Monroeville, OH 44847 (419) 465-2574 info@monroevilledental.com

#### **PATIENT REGISTRATION**

Name:	MI:	La	ıst Nam	ie:	
DOB:	-	Se	ex:	M	F
DOB: Marital Status:	SS#: _				(not required for minors)
Home #:		Cel	l #:		
Mailing Address:					
Patient Employer:					
Phone #:					
Patient E-mail:					
Referred by:					
Hobbies:					
INSURANCE INFORMA					
Name of Insured:					
DOB:		_SS#: _			
Relationship to Insured:					
Insurance Company:			<del> </del>		
Insurance Address:					
Phone #:					
Employer:					
Phone #:					
SECONDARY INSURAI			ON		
Name of Insured:					
DOB:					
Relationship to Insured:					
Insurance Company:					
Insurance Address:					
Phone #:					
Employer:					
Phone #.					



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## **RESPONSIBLE PARTY (if patient, no need to complete)**

Name:	MI: Las	t Name:
DOB:		· · · · · · · · · · · · · · · · · · ·
Relationship to Patient: Spouse	Parent	Other:
Address:		
Phone #:		
Employer:		Work #:
SPOUSE INFORMATION (if no	eeded)	
Name:	MI: Las	t Name:
Address:		
		Work #:
PARENT INFORMATION (if no	eeded)	
Name:	MI: Las	t Name:
Address:		
Employer:		Work #:
PARENT INFORMATION (if no	eeded)	
Name:	MI: Las	t Name:
Address:		
Employer:		Work #:

## Monroeville Dental - HEALTH HISTORY

Birth Date: Date Created: Patient Name:

								u may have, or medication tha	,
kre you under a physicans	care now?		O Yes	O No	If yes				
lave you ever been hospit	alized or had a ma	jor surgery?	O Yes	O No	If yes				
Have you ever had a serious neck or head injury?		O Yes	○ No	If yes					
o you take any medication	n, pills, or drugs? p	lease list all		○ No	If yes				
			0 103	0110	2. 725				
o you take, or have you t	aken, Phen-Fen o	r Redux?	O Yes	O No	If yes				
lave you ever taken Fosar nedications containing bisp		nel, or any other	O Yes	O No	If yes				
o you use tobacco?	nosprioriates:		O Yes	○ No	If yes				
ile Evaluation									
oes the crowding or spaci	na of vour teeth b	other you?	O Yes	O No	If yes				
re you interested in straig				_					
			O Yes	○ No	If yes				
re you unhappy with you	ır smile?		O Yes	O No	If yes				
Is there anything you would like to change about your teeth/smile?		O Yes	O No	If yes					
you allergic to any of the	following?								
Aspirin	O Yes O No	Penicillin		O Yes	○ No	Codeine	Yes No	Acrylic	O Yes O I
Metal	O Yes O No	Latex		O Yes	O No	Sulfa Drugs	Yes No	Local Anesthetics	O Yes O
ther?			O Yes	O No	If yes				
o you use controlled subs	tarices:		O Yes	○ No	If yes				
omen: Are you									
Pregnant/trying		Yes No	Nursing			O Yes	No Taking Oral Co	ontraceptives	O Yes O I
you have, or have you ha AIDS/HIV Positive				0	_	1			
	Yes No	Alzheimer's Di	sease	Yes	O No	Anaphylaxis	Yes No	Anemia	O Yes
Angina	Yes No	Arthiritis/Gout		_	○ No	Anaphylaxis Artificial Heart Valve	Yes No	Anemia Artificial Joint	
Angina Asthma			t	O Yes	_				Yes O
-	O Yes O No	Arthiritis/Gout	t	O Yes	O No	Artificial Heart Valve	Yes No	Artificial Joint	O Yes
Asthma	O Yes O No O Yes O No	Arthiritis/Gout Blood Disease	t	O Yes O Yes	○ No ○ No	Artificial Heart Valve Blood Transfusion	O Yes O No	Artificial Joint Breathing Problem	O Yes O
Asthma Bruises Easily	Yes No Yes No Yes No	Arthiritis/Gout Blood Disease Cancer	t eart Disease	O Yes O Yes O Yes O Yes	O No O No O No	Artificial Heart Valve Blood Transfusion Chemotherapy	Yes No Yes No Yes No	Artificial Joint Breathing Problem Chest Pains	Yes O
Asthma Bruises Easily Cold Sores/Fever Blister	Yes No Yes No Yes No Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He	t : eart Disease n	O Yes O Yes O Yes O Yes O Yes	No No No No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions	Yes No Yes No Yes No Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication	Yes Yes Yes Yes Yes Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes	Yes No Yes No Yes No Yes No Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction	t eart Disease n eding	Yes Yes Yes Yes Yes Yes Yes	No No No No No No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded	Yes No Yes No Yes No Yes No Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema	Yes O
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee	t eart Disease n eding	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst	Yes No Yes No Yes No Yes No Yes No Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness	Yes Yes Yes Yes Yes Yes Yes Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar	t eart Disease n eding rhea	Yes	No No No No No No No No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever	t eart Disease n eding rhea	Yes	No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur	Yes O
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Ble Frequent Diar Hay Fever Heart trouble,	t eart Disease n eding rhea /Disease	Yes	No	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A	Yes O
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Bler Frequent Diar Hay Fever Heart trouble, Herpes	t eart Disease n eding rhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Ble Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia	t eart Disease n eding rhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease	t eart Disease n eding rhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis	t eart Disease n eding rhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree	t eart Disease n eding rhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism	t eart Disease n eding rrhea /Disease	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble	t eart Disease n eding rhea /Disease atment	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke Tuberculosis	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin	t eart Disease n eding rhea /Disease atment	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke	Yes	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin Tumors or Gro	t eart Disease n eding rhea /Disease atment	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease Ulcers	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis	Yes ( Yes))))))))))))))))))))))))))))))))))))
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke Tuberculosis Yellow Jaundice	Yes	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin Tumors or Gro	t eart Disease n eding rhea //Disease atment	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease Ulcers	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis	Yes ( Yes))))))))))))))))))))))))))))))))))))
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke Tuberculosis Yellow Jaundice	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin Tumors or Gro	eart Disease n eding rhea //Disease atment nbs owth	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease Ulcers	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke Tuberculosis Yellow Jaundice Have you ever had any ser the best of my knowledge, sonsibility to inform the der	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin Tumors or Gro	eart Disease n eding rhea //Disease atment nbs owth	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease Ulcers	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis Venereal Disease	Yes
Asthma Bruises Easily Cold Sores/Fever Blister Diabetes Epilepsy or Seizures Frequent Cough Glaucoma Heart Pacemaker Hepatitis B or C Hives or Rash Leukemia Mitral Valve Prolapse Psychiatric Care Rheumatic Fever Sickle Cell Disease Stroke Tuberculosis Yellow Jaundice Have you ever had any ser	Yes No	Arthiritis/Gout Blood Disease Cancer Congenital He Drug Addiction Excessive Blee Frequent Diar Hay Fever Heart trouble, Herpes Hypoglycemia Liver Disease Osteoporosis Radiation Tree Rheumatism Sinus trouble Swelling of Lin Tumors or Gro	eart Disease n eding rhea //Disease atment nbs owth	Yes	No N	Artificial Heart Valve Blood Transfusion Chemotherapy Convulsions Easily Winded Exessive thirst Frequent Headaches Heart Attack/Failure Hemophilia High Blood pressure Irregular Heartbeat Low Blood Pressure Pain in Jaw Recent Weight Loss Scarlet Fever Spina Bifida Thyroid Disease Ulcers	Yes No	Artificial Joint Breathing Problem Chest Pains Cortisone Medication Emphysema Fainting spells/Dizziness Genital Herpes Heart Murmur Hepititis A High Cholesterol Kidney Problems Lung Disease Parathyroid Disease Renal Dialysis Shingles Stomach/Intestinal Disease Tonsillitis Venereal Disease	Yes



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# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

\*You May Refuse to Sign This Acknowledgement\*

I have received a copy of this office's Notice of Privacy Practices

## **Monroeville Dental Financial Policy**

**FINANCIAL POLICES:** In our office, we do not want the ability to pay to be an issue for our patients. We want you to feel comfortable with us, and that includes feeling satisfied with the financial agreements regarding your dental care. We accept cash, check, Visa, MasterCard, Discover and Care Credit at the time of service.

- 1) We expect copayment, deductible, and treatment plan estimate at the time of service.
- 2) A \$50 return check fee for NSF.
- 3) We require 48-hour notice for appointment cancellation. A \$50 cancellation fee will be charged if not given.

Patients with Dental Insurance: I understand that my dental insurance is a contract between myself and my insurance carrier, not between Dr. Trask and the insurance carrier. I understand that I am responsible for the full amount of all dental fees incurred. I hereby authorize payment of the dental benefits be paid directly to Monroeville Dental. Any payments received by Dr. Trask from my insurance carrier will be credited to my account or refunded to me if I have paid the dental fees incurred.

Patient Name (Print):	
Signature of Patient or Guardian:	Date:



# **Dental Information Release form (HIPPA Release)**

Name:	Date of Birth:/
	Release of Information
0	I authorize the release of information including the diagnosis, records, examinations, financials, appointments, and claims information. This information may be released to
	o Spouse:
	o Child(ren):
	o Other:
	<ul> <li>Information is not to be released.</li> </ul>
	The <b>Release of Information</b> will remain in effect until terminated in writing.
	<u>Messages</u>
	Please callmy homeworkcell phone
	If unable to reach me:
	You may leave a detailed message.  Please leave a message asking to return call
The b	est time to reach me is
Signe	d: Date: