

Patient Signature _____ Date _____

Time of Appointment _____

Reason for visit today: Doctor

Cleaning

Please answer all of the following questions.

If you answer yes to any of the questions, please let the front desk know.

Since your last visit, has there been a:	YES	NO
1. Change in insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in address?	<input type="checkbox"/>	<input type="checkbox"/>
3. Change in medical history?	<input type="checkbox"/>	<input type="checkbox"/>
4. Change in medications?	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE

Due to the increased amount of broken or no-show appointments, we will begin charging \$25.00 for any future broken or missed appointments without the proper 24-hour notice. By signing below you acknowledge this agreement.

Patient Signature _____

