

# Tsar Dental Excellence

Cosmetic  
Restorative  
Neuromuscular Dentistry

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LOCATED IN THE AMTRUST BANK BUILDING • 603 VILLAGE BOULEVARD, SUITE 304 • WEST PALM BEACH, FLORIDA 33409

## PATIENT INFORMATION

PATIENT NAME: FIRST, LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: F M

I PREFER TO BE CALLED: MR. MRS. MISS. OTHER \_\_\_\_\_

PATIENT SS: (OPTIONAL) \_\_\_\_\_ MARITAL STATUS: SINGLE MARRIED DIVORCED STUDENT

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IF PATIENT IS A MINOR, GIVE PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

### CONTACT INFORMATION

PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CAN WE TEXT YOU? YES NO CAN WE CALL? YES NO

PREFERRED CONTACT METHOD: HOME CELL TEXT WORK EMAIL BEST TIME TO REACH YOU? AM PM

PREFERRED APPOINTMENT TIMES: MON TUES WED THURS FRI AM PM

### IN CASE OF EMERGENCY, PLEASE CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BEST PHONE NUMBER TO CONTACT THEM? HOME CELL WORK

WHOM MAY WE THANK FOR REFERRING YOU? FAMILY/FRIEND/OTHER \_\_\_\_\_

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO YOU HAVE A DENTAL INSURANCE PLAN? YES NO IF YOU DO, SIGN BELOW

### ASSIGNMENT AND RELEASE

I CERTIFY THAT I (OR MY DEPENDENT) HAVE INSURANCE COVERAGE AND THAT ASSIGNMENT OF BENEFIT WILL BE PAYABLE TO DR. TSAR FOR SERVICES RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES. I AUTHORIZE THE DOCTOR TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF BENEFITS. I AUTHORIZE THE USE OF THIS SIGNATURE ON ALL INSURANCE SUBMISSIONS.

RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO MINOR (IF APPLICABLE) \_\_\_\_\_