

Welcome to Great Northern Dental Care. We look forward to serving you!

Patient Information

Patient Name Preferred Name Date of birth SS# Female Male

Mailing Address City State Zip code

Home phone Cell phone Work phone E-mail

Emergency Contact Relationship Phone Number

Marital status: Single Married Widowed

To confirm appointments, we may text or email you. Please let us know if you prefer something different.

Insurance Benefit Information – please let us know if you have more than one dental insurance.

Policy holder's name DOB SS#

Insurance Company Name Employer ID# Group#

Privacy Practices – Acknowledgement of Notice of Privacy Practices

I understand that Great Northern Dental Care, PC abides by the HIPAA Law and will protect the privacy of my personal information. I have been given an opportunity to read Privacy Practices. I authorize the release of information to other health care providers and insurance carriers as it relates to my care. This communication will be encrypted whenever possible. I authorize text/email communication with GNDC. I understand that I may refuse to sign this acknowledgement.

Please Print Name Signature Date

Disclosure of Private Information to Persons other than Patient

I authorize Great Northern Dental Care to disclose my protected health information to the following people. I understand this authorization is for an indefinite amount of time unless otherwise noted. Please note relevant friends, spouses, parents, grandparents, etc.

Name Relationship

Name Relationship

Please Print Name Signature Date

How did you hear about us? We would like to thank them. _____