

WELCOME!

Make sure you **complete all pages** of each form, **front and back**. Bring them **completed** to your dental appointment.

If you have dental insurance **please bring your dental card**. If you do not have a card please make sure you know **the policy holder's name(as it appears on the insurance card) date of birth and address, social security or member ID number, the employer name, correct insurance company name, toll-free phone number and insurance group number**.

*** If you take prescription medications please **bring an updated list of those medications**.

*** If you have had any medical conditions that require an antibiotic prior to your dental appointments please make sure you have the antibiotic to take before this appointment.

****Payment for all dental visits is *due at time of dental appointment*. Please call the office if you have any questions.**

361-293-6042