



Dr. Guy Moore, Dr. Steven Hodges & Associates

4568 Elkhart Road, Suite 500 • Elkhart, IN 46517 • Phone: (574) 875-7711 • Fax: (574) 875-7718

Date _____ I.D.# _____

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Social Security # _____

Employer _____ Work Phone _____

Driver's License # _____ Email _____@_____.com

Person Responsible for Payment _____
(If Different from above) Last First Middle

Address _____
Street City State Zip

Relationship to Patient _____

Home Phone _____ Birthdate _____ Social Security # _____

Employer _____ Work Phone _____

Patient's Spouse's Name _____
Last First Middle

Spouse's Employer _____ Work Phone _____

EMERGENCY INFORMATION

Local Friend or Relative not living with you _____

Address _____

Phone No. _____ - _____ - _____

To help us serve you better, please tell us how you heard about our office.

Check Box and Circle Specific Source.

- | | | |
|--|---|--|
| <input type="checkbox"/> Phonebook
Yellowbook Verizon | <input type="checkbox"/> Television
Fox 28 | <input type="checkbox"/> Drive By |
| <input type="checkbox"/> Radio
WFRN Froggy FM | <input type="checkbox"/> Newspaper or Publication
Which One? _____ | <input type="checkbox"/> Friend Referral
Who? _____ |
| <input type="checkbox"/> Billboards
Which One? _____ | <input type="checkbox"/> Mailer | <input type="checkbox"/> Other
What? _____ |

FOR ALL PATIENTS

I authorize the doctor to perform any and all forms of treatment, medication and therapy that may be indicated in connection with the dental care of the patient above and further authorize and consent that the doctor chooses and employs such assistant as he deems fit. I also understand that prior to treatment, Full explanation of the procedure(s) involved will be given by the doctor and/or his staff. In addition, by signing below, I also acknowledge I have received the Notice of Privacy Practices from this office and that I agree to pay all services rendered by this office.

Signature of Responsible Party _____ Relationship _____ Date _____