

HOLMAN & HOLMAN

Dentistry that grows with you

Name of patient _____

Has your address changed? No__ Yes__ New address _____

E-mail address _____

Has your or the responsible party employer or insurance changed? No__ Yes__

List telephone numbers in order of preference:

1.) _____

2.) _____

Have you had any changes in your medical history including medication since your last visit?

No__ Yes__ please explain: _____

Emergency contact name and telephone number: _____

_____ (initials) Cancellation policy: We understand that true emergencies do come up and you may need to change an appointment on short notice. However outside of a true emergency, if you need to change an appointment, we ask that you give us 48 hours' notice. Inside 24 hours, we do charge for the missed appointment. Please acknowledge you understand our cancellation policy.

Signature: _____ Date: _____