

CLIENT INFORMATION

Mitchell Marder, dds 9730 3rd Ave NE, ste 205
Seattle WA 98115 2063676453

Name _____ Parent (if child) _____

Name you prefer to be called _____ Male _____ Female _____

Address _____
street city state zip

Home phone _____ Cell phone _____ Work phone _____

E-mail address (if you would like to be contacted via email) _____

Employer _____ Position _____ How long? _____

Work address _____

Date of birth _____ Social Security # _____

Insured's name _____ Insured's Social Security # _____

Spouse/Partner's name (emergency purposes) _____

Spouse/Partner's Employer _____ Spouse/Partner's cell phone _____

Other emergency contact? _____ phone _____

Whom may we thank for referring you? _____

What types of care are you most interested in? (check all that apply)

diagnosis/consult cleaning periodontal care fillings placed silver/mercury removal
 2nd opinion only cosmetic dentistry crowns root canals nutritional counseling dentures
 braces pain relief implants replacement of missing teeth cavitation/extraction
 t.m.j. treatment jaw pain treatment headache relief snoring appliance teeth bleaching

other services or questions? _____

Financial Agreement

We have the responsibility to exercise the utmost professionalism, skill, and judgment possible in planning and delivering your care. We also strive to keep our costs and your fees down. With these concerns in mind, we request your help in respecting financial considerations. ***We ask that your account be taken care of at each visit unless other arrangements have been made.*** We are here to work with you towards an outcome that you desire. I have read and understand this financial agreement.

_____ signed

_____ dated