

# CLIENT INFORMATION

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Seattle WA 98125 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  
 2<sup>nd</sup> 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