SERENITY VALLEY
Family Dentistry

We are happy to have you join our great family of patients and friends. Please complete this form so that we can provide the best care possible for you.

Thank you!

ABOUT YOUR CHILD

Name:_____ ☐ Female ☐ Male

Address: _____

City: _____ State:_____ Zip: _____

_____

Home phone: _____ Cell phone:_____

Birth date: _____/_____/_____ Grade: _____ Age: _____ Is this your child's first dental visit? ☐ Yes ☐ No

Who can we thank for referring you? _____

EMERGENCY INFORMATION

Person to contact: _____

Relationship:_____ Phone: _____

I give permission for Serenity Valley Family Dentistry to share my medical and account information with:

_____

DENTAL HISTORY

Do you have any concerns with your child's teeth, such as a chipped tooth, decayed tooth, gumboil, etc.?

☐ Yes ☐ No If Yes, please explain_____

How often do they brush? _____ How often do they floss? _____

Medical History

Is your child in good health? ☐ Yes ☐ No When was your child's last medical exam? Date _____/_____/_____

Has your child required hospitalization or had a serious illness? ☐ Yes ☐ No

If Yes, please explain: _____

Are your child's immunizations up-to-date? ☐ Yes ☐ No

Is your child sensitive/allergic to anything? ☐ Yes ☐ No

If Yes, please explain: _____

_____

Is your child presently taking any medications? ☐ Yes ☐ No

If Yes, please explain: _____

Please check any of he following that apply to your child:

☐ Anemia
☐ Asthma
☐ Attention disorder
☐ Breathing disorders
☐ Counseling
☐ Diabetes
☐ Epilepsy
☐ Hay fever
☐ Hearing impairment
☐ Heart murmur
☐ Mitral valve prolapse
☐ Rheumatic fever
☐ Visual impairment
☐ Other _____

The information I have given is true and accurate to the best of my knowledge.

3633 Lincoln Street, Suite C, Fargo, ND • (701) 373-0681

APPOINTMENT POLICY

Please arrive on-time to your scheduled appointment. Late arrivals cause schedule delays for those patients who arrive on time. Late arrivals will be worked into the schedule if **time allows or re-appointed** to another day.

The scheduled appointment is reserved specifically for you. Any change in this appointment affects many other patients. If a cancellation is unavoidable, please call the office **at least 48 hours** in advance so we may offer that time to other patients.

Most insurance companies only pay a portion of the fees incurred. We require your portion to be paid at the time the procedure(s) take place (unless financial arrangements have been made). We try to get an estimate from your insurance company on your portion, but they ultimately decide if and at what percentage treatment is covered at, at the time the claim is filed. You are responsible for all charges not paid by insurance. As a courtesy to you, we will bill your insurance carrier for you. By signing below, you authorize the doctor to release all information necessary to secure the payment of benefits to our office.

For appointments that are 2 hours or longer, a $50 deposit is required to hold this spot. This deposit is non-refundable for missed, canceled, or rescheduled appointments (otherwise, this amount will be subtracted from the payment due day of service). I understand that I am responsible for all fees pertaining to my unpaid balance and/or missed appointments. You may be charged a billing charge per month of $15 if my balance goes beyond 60 days. Any balance after 90 days will be sent to collections.

I give permission for my dentist to take any necessary radiography, study models, and photographs to make a complete diagnosis of my dental needs. I also give permission for my dentist and dental team to use my photographs for in-office patient education.

Every effort will be made to confirm my appointment by Serenity staff and if it is not confirmed within 24 hours of the appointment, I understand that it can be removed due to no confirmation.

Signature _____ Date _____/_____/_____

Parent's Signature (If under 18) _____ Date _____/_____/_____
(I have read, agree to, and understand the statements listed above)

APPOINTMENT CANCELLATION POLICY
When we schedule an appointment, we reserve that time and prepare in anticipation of serving you. If you should need to reschedule, we kindly request that you contact us by phone with advanced notice of two working business days. We understand that conflicts arise; however, failing your appointment or cancelling multiple times without notice will result in a $50 charge and then discontinuation of services.