

Dr. Quang Cao Tran, DDS, PC

PATIENT INFORMATION

Last Name	First	MI	Referred By		
Social Security Number			Patient Occupation		
Street Address			Employer		
City	State	Zip	Street Address		
()			City	State	Zip
Home Phone			()		
Date of Birth			Work Phone		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Other		

PATIENT'S SPOUSE/EMERGENCY CONTACT

Last Name	First	MI	Employer		
Social Security Number			Street Address		
Street Address			City	State	Zip
City	State	Zip	()		
()			Work Phone	Occupation	
Home Phone			Nearest Relative not Living With You		
Relationship to Patient			()		
			Phone		

I consent to necessary treatment, I authorize the release of any medical records to referring and/or family physicians, and to my insurance company (if applicable) I authorize that, if necessary, such records may be transmitted via facsimile. I authorize payment to be made directly to Dr. Quang Cao Tran DDS, PC. I acknowledge full financial responsibility for services rendered by Dr. Quang Cao Tran DDS, PC. I understand that payment of charges incurred is due at the time of service, unless other definite arrangements have been made prior to treatment. If my insurance carrier is one that Dr. Quang Cao Tran DDS, PC participants with; I understand that I am responsible for any copayment, deductible and non-covered services. "I understand that payment for services are due at the time of service. Any unpaid balance will be charged interest at the rate of 18% (compounded monthly) and that I will be responsible for attorney fees in the amount of 33 $\frac{1}{3}$ % for any account turned over to an attorney for collection."

I have read and fully understand the above consent for treatment, financial responsibility, and release of medical information. I understand that the status of this authorization shall remain in effect as long as I am a patient of Dr. Quang Cao Tran DDS, PC. If I wish to change the status of this form, I must do so in writing.

Signature: _____ Date: _____

Please Print Name: _____