



**Gentle Dental**  
HYGIENE SERVICES

**Take a  
BITE...**

OUT OF YOUR DENTAL BILLS

### Client Data and Information

Name		Date	
Adult	Child	Male	Female
Guardian		DOB	
Home Phone #	Work #	Cell #	
Email		Secondary Email	
Address	Apt/Unit	City	Postal Code
Dentist Name		Last Dentist Visit	
City	Phone	Last Hygeine Visit	
Do you have allergies?			
Do you require PreMed for your dental work?			
Were you referred? Y N		By Whom	
Insurance Info	Policy #	ID #	Insurance Company
Employer		Occupation	
Person Responsible for Account		Relationship	
<b>Payment due upon services rendered.</b>			
Cash		Debit	Visa      Mastercard
In case of emergency, who can we contact?		Relationship	
Name		Phone #	

**It is the policy of this dental hygiene office that no information will be disclosed without the client's permission unless a medical emergency requires it to be disclosed. All information is strictly private and protected under the Privacy Act.**