Maureen Georgy Palso, D.D.S. **John Girgis, D.D.S.**

Ideal Dentistry
6523 Gunn Hwy
Tampa FL 33625
813-960-4744
www.IdealDentists.com

Patient Information

Name _____ Date of birth _____ ☐ Male ☐ Female

Do you need to be premedicated for dental treatment? ☐ Yes ☐ No

Who referred you to our office? _____

When was your last dental visit? _____

When were your last dental X-Rays taken? _____

What is the purpose of your visit today? _____

Home phone _____ Work phone _____ Cell phone_____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Dental insurance co. _____ Phone _____

Group no. _____ Employer of policy holder _____

Policy holder_____ SS# of policy holder_____ Policy holder D.O.B_____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

In case of emergency, contact _____ Phone _____

Our Office Policy

Payment: Payment is due at time of service. If you have dental insurance, you are responsible for the portion of the fee which is not covered by your insurance company.

Insufficient funds: If a personal check is returned due to insufficient funds, you will be charged $25.00 in addition to the amount for services rendered.

Cancellations, rescheduling and failure to show for appointments: If you have to cancel or reschedule an appointment, please do so at least 48 hours in advance. If you make any appointment changes less than 24 hours in advance or if you fail to show for a scheduled appointment, you will be charged $50.00 per hour of appointment time scheduled. If you are more than 15 minutes late for an appointment, this will count as a failure to show. This charge will be in addition to regular treatment fees.

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

_____ _____

SIGNATURE OF PATIENT, PARENT OR GUARDIAN DATE