

Brookdale Dental Group

Existing Patient Medical/Information Update

Date _____

Patients Name _____ DOB _____

E-Mail Address _____ Cell () - _____

Please list any Health Changes or New Medications Since your last visit. _____

Please list any updates to your Dental Insurance, Job Changes, Address, and Phone Number since your last visit. _____

Patient/Guardian Signature _____ Date _____

Notice of Privacy Practices

(You may refuse to sign this Acknowledgement)

I, _____, have seen/read the copy of Brookdale Dental

Patients/Guardian Name

Group's Notice of Privacy Practices posted on the website and/or displayed in the office.

I, _____, give Brookdale Dental Group authorization to

Patients Name

discuss my treatment/financial arrangements with, _____

Relationship _____

Patient/Guardian Signature _____ Date _____