

## New Patient Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_ Home No. \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Guba Dental: \_\_\_\_\_

Do you have any concerns to address at the first appointment? \_\_\_\_\_

Are you required to take antibiotics prior to dental treatment for any medical reason, such as a heart murmur or joint replacement? Yes \_\_\_\_\_ No \_\_\_\_\_

Would your previous dentist have any X-rays? Yes \_\_\_\_\_ No \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist No. \_\_\_\_\_

Do you have dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company Name: \_\_\_\_\_

Policy Holders's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

What company does the policy holder work for: \_\_\_\_\_

What is the member ID or subscriber number: \_\_\_\_\_

Group No. \_\_\_\_\_ (800) No. \_\_\_\_\_

Social Security No. of the policy holder \_\_\_\_\_

### We request that you:

1. Contact your current or previous dental office and request that they send X-rays to our office by email. We will require a full mouth series or pano of X-rays if not received in efforts for our office to provide proper diagnosis.
2. Take a photo of the front and back of your insurance card and email it to us so that we may research your information and obtain a general breakdown of benefits as a courtesy for you.

3. Have prepared at your initial records appointment and/or email us a list of your medications, supplements, lab results, Medical and/or Naturopathic doctor's contact information, and any other necessary information that you believe is important with respect to your dental/health care.

***It is paramount you understand what benefits your insurance company provides for you as you will be responsible for all fees. All services not covered by your insurance will be due at the time of service, including your estimated percentage(s). We accept cash, check, visa, master-card, discover, HSA cards, and CareCredit.***

**\*\*New patient(s) are required arrive 15 minutes early to fill out paperwork\*\***

Our email address is [scheduling@gubadds.com](mailto:scheduling@gubadds.com)