MARK A. PORTER, D.D.S., P.A.

CONSENT FOR TREATMENT

Please Print Social Security no.______________________________________

Name of Patient____ Date of Birth ____

If a minor, Parent's Name __________________________________

Have you received treatment here previously? ☐ Yes ☐ No Sex: ☐ M ☐ F Race: _________________________

Home Address____ City _______________________________ Zip________________

Home Phone ____________________ Mobile Phone ____________________ Phone of Friend or Relative _______________________

Business Address____ Business phone _________________________________

Occupation ____ E-Mail Address ____

Whom may we thank for referring you to our practice? ____

If you would like for us to file dental insurance for you, please give the receptionist all pertinent information.

I hereby authorize Dr. Mark Porter to perform procedures, including but not limited to: giving anesthetics and medications: making radiographs and photographs: removing and restoring teeth: endodontics (root canal) therapy: and other procedures necessary for my therapy. I certify that I have read and fully understand the above consent to treatment. I authorize release of any information necessary to process my insurance claim and, also, hereby authorize payment of insurance benefits to Mark A. Porter, D.D.S. A copy of this signature is as valid as the original.

Signature ____ Date _______________________________
(patient or guardian)

Chief Complaint ____

Dental History

- Frequency of visits to the dentist____
- Type of care received ____
- Difficulties with past treatment ____
- Date of most recent dental radiographs____
- Specific dental fear or phobia that would inhibit treatment____________________________
- Would you be interested in sedation dentistry? ___________________________________

Marital Status ____________ Age _____________

Height __________________ Weight _________

Physician __________________________________
Physician's phone ___________________________
Last time at the physician ______________________
____
For what purpose? ____________________________
____
In case of emergency please call
1. ____
Phone ____________________________________
2. ____
Phone ____________________________________