

PATIENT INFORMATION SHEET

Phone (503)244-8112 Fax (503) 245-4379

Southwest Portland Dental
Howard R. Jarvis, DMD, LLC
Tiffany M. Goldwyn, DMD
1616 SW Sunset Blvd., Suite B
Portland, Oregon 97239-264

Name _____ Date of birth _____ Sex M / F
Street address _____ Home phone _____
City _____ State _____ Zip Code _____ Soc. Sec. # _____ - _____ - _____ *
Cell Phone _____ E-mail Address _____
Employed by _____ Business phone _____
Person responsible for account _____
Address (if other than above) _____
Phone (if other than above) _____ Social Sec. # _____ - _____ - _____
Employed by (if other than above) _____ Business phone _____
Whom may we thank for referring you to our office? _____
Former dentist _____ Date of last visit _____
In case of emergency notify _____ Phone _____

Do you have dental insurance? _____ If 'Yes', complete the following:
Name of employee carrying insurance _____
Patient's relation to employee: Self _____ Spouse _____ Child _____ Other _____
Name of employer providing insurance _____
Employee Insurance I.D. # _____
Employee date of birth (if other than above) _____
Name of insurance company _____ Group No. _____
Mailing address of insurance company _____
City _____ State _____ Zip Code _____

I understand that I am responsible for payment for dental services provided in this office for myself or my dependents, regardless of insurance.

Signature _____ Date _____

CONSENT FOR CHILD'S TREATMENT

I, the undersigned, do give consent to agreed upon dental services of appropriate methods thereto in behalf of _____
Signature of parent or legal guardian _____ Date _____

*Needed if desire credit from our office. Not necessary if pay in full at time of service.