Nidal S. Elias, D.D.S., M.S.

PATIENT ACQUAINTANCE FORM

<u>PATIENT INFORMATION</u>							
PATIENT NAME:							
Last	First		MI				
Date of Birth:							
Address:							
Street	City	State	Zip Code				
	•		-				
Home Telephone:Social Security No:	Business Telephone: Mobile Phone:						
Employer:							
Employer Address:							
Occupation:		75.1.1					
Spouse Name:	Busii	Business Telephone: Occupation:					
Spouse Employer: Whom May We Thank For Your Referral?	_ Occu	pauon;					
DENTAL INSURANCE	RANCE INFORM	<u>ATION</u> MEDICAL IN	JCIIDANCE				
DENTAL INSURANCE		WEDICAL IN	BURANCE				
Subscriber Name:	_ Subs	Subscriber Name:					
Insurance Co:	Insu	Insurance Co:					
Insurance Co. Address:	Insu	Insurance Co. Address:					
Subscriber SSN:							
Subscriber DOB:	Subs	Subscriber DOB:					
Second Insurance Company Information (if appl							
List Policy Holder Name, Insurance Co. Address, Telephone, Policy No, Group No.:							
gove							
CONS	SENT FOR TREAT	<u>'MENT</u>					
1. I hereby authorize the Doctor or designated Staff deemed appropriate by the Doctor to make a thorou			any other diagnostic aids				
2. Upon such diagnosis, I authorize the Doctor to pe employ such assistance as required to provide prope		led treatment mutually agr	reed upon by me and to				
3. I agree to the use of anesthetics, sedatives and oth agents embodies certain risks. I understand that I ca							
4. Lastly, I authorize my insurance benefits to be pa services on my behalf or my dependants. I understa insurance claim or for negotiating disputed claims. a arrangements have been made. I also understand in company. In the event that payments are not receive (18%APR) may be added to my account. In conside pay said office in accordance with its credit terms an	nd that this Office do I understand that pay surance reimbursem ed by agreed upon da eration of the services	es not accept responsibility yment is due at the time of ent is a contract between m ites, I understand that a 1-1	y for collecting an service unless other ne and my insurance 1/2% late charge				
SIGNED:	DATE:						