



## NEW PATIENT FORM

### Basic Information

Name:		Gender:	
Preferred Name:		DOB:	
SSN #:		Marital status:	
Referral source:		Employer:	
Referred by:		Occupation:	

### Contact Information

Mobile phone:	
Home phone:	
Email:	

### Address Information

Street address:	
City:	
State:	
ZIP:	

### Emergency Contact

Full Name:	
Phone number:	
Relation:	

### Work Information

Street address:	
City:	
State:	
ZIP:	

Patient's signature:

Date:



## COMMUNICATION CONSENTS

### EMAIL CONSENT FORM

**PURPOSE:** This form is used to obtain your consent to communicate with you by email regarding your Protected Health Information. Bridgeview Dental offers patients the opportunity to communicate by email. Transmitting patient information by email has a number of risks that patients should consider before granting consent to use email for these purposes. Bridgeview Dental will use reasonable means to protect the security and confidentiality of email information sent and received. However, Bridgeview Dental cannot guarantee the security and confidentiality of email communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of email between Bridgeview Dental and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Bridgeview Dental.

Patient's signature:

Date:



## TEXT MESSAGE TO MOBILE CONSENT FORM

**PURPOSE:** This form is used to obtain your consent to communicate with you by mobile text messaging regarding your Protected Health Information. Bridgeview Dental, offers patients the opportunity to communicate by mobile text messaging. Transmitting patient information by mobile text messaging has a number of risks that patients should consider before granting consent to use mobile text messaging for these purposes. Bridgeview Dental will use reasonable means to protect the security and confidentiality of mobile text messaging information sent and received. However, Bridgeview Dental cannot guarantee the security and confidentiality of mobile text messaging communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of mobile text messaging between Bridgeview Dental and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Bridgeview Dental.

Patient's signature:

Date: