



PATIENT INFORMATION

As required by law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive or maintain. Your answers are for our records only and will be kept confidential subject to applicable laws.

First and Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Gender:** _____

SS #: _____ **DL:** _____

Home #: _____ **Mobile #:** _____ **Work #:** _____

Email: _____

Emergency Contact Name & Number: _____

Preferred Pharmacy Address & Phone Number: _____

**I have read and understand the Notice of Privacy Practices and Authorization (HIPPA).
A copy of Privacy Practices are provided on our website**

Signature: _____ **Date:** _____

I give my consent to Palmetto Family Dentistry to notify/contact me via email or text which may include personal information (ex: appointment reminders, notifications, co-payments).

Signature: _____ **Date:** _____