

Romney R. Black D.D.S.
6575 So. Redwood Road #275
Salt Lake City, Utah 84123

PATIENT INFORMATION	Social Security Number _____
Patient's Name _____	Age _____ Sex _____
Address _____	Birthdate _____
City _____ State _____ Zip _____	Home Phone _____
Employer _____	Work Phone _____
Address _____	Cell Phone _____
If Patient is a minor , I hereby authorize the dental treatment to be performed on this minor and will assume all responsibilities for the treatment. Date _____	
Legal Guardian _____	Relationship _____
Emergency Contact _____	Phone Number _____

Responsible Party	Social Security Number _____
Name _____	Birthdate _____
Address _____	City _____ State _____ Zip _____
Employer _____	Address _____
Home Phone _____	Work Phone _____ Cell Phone _____
Dental Insurance Co. _____	Group Number _____
Address _____	City _____ State _____ Zip _____
Phone Number _____	ID Number _____

Spouse	Social Security Number _____
Name _____	Birthdate _____
Address _____	City _____ State _____ Zip _____
Employer _____	Address _____
Home Phone _____	Work Phone _____ Cell Phone _____
Dental Insurance Co. _____	Group Number _____
Address _____	City _____ State _____ Zip _____
Phone Number _____	ID Number _____

Date _____ Responsible Party _____