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

Patient's Name	PATIENT INFORM	ATION	Social S	ecurity Number	
Address	Patient's Name			Age	Sex
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 wil assume all responsibilities for the treatment. Date Relationship Phone Number Phone Number Phone Number State Zip State Zip State Zip Employer Address City State Zip State Zip Dental Insurance Co. Group Number ID Number ID Number State Spouse Social Security Number Cell Phone Phone Number ID Number Cell Phone Dental Insurance Co. Group Number ID Number ID Number Cell Phone Spouse Social Security Number Cell Phone Dental Insurance Co. Group Number ID Number ID Number Cell Phone Spouse Social Security Number Cell Phone Cell Phone Number ID Number ID Number Cell Phone Cell Phone Spouse Social Security Number Cell Phone Cell Phone ID Number ID Number ID Number ID Number ID State Zip Employer Address City State Zip Employer Address Cell Phone ID Number					
Employer					
Address					
If Patient is a minor, I hereby authorize the dental treatment to be performed on this minor and wil assume all responsibilities for the treatment. Date					
Responsible Party Social Security Number Name Birthdate Address City State Zip Employer Address Home Phone Work Phone Cell Phone Dental Insurance Co. Group Number ID Number Spouse Social Security Number Security Number Cell Phone Cell Phone Dental Insurance Co. Group Number State Zip Phone Number Cell Phone Cell Phone Spouse Social Security Number Cell Phone Ce				-	
Responsible Party Social Security Number Name Birthdate Address City State Zip Employer Address Home Phone Work Phone Cell Phone Dental Insurance Co. Group Number ID Number Spouse Social Security Number Security Number Cell Phone Cell Phone Dental Insurance Co. Group Number State Zip Phone Number Cell Phone Cell Phone Spouse Social Security Number Cell Phone Ce	Legal Guardian			Relationship	
Name					
Name	Responsible Party		Social	Security Number	
Address				•	
Employer					
Home Phone Work Phone Cell Phone Dental Insurance Co Group Number Address City State Zip Phone Number ID Number Spouse					
Dental Insurance Co Group Number Address City State Zip Phone Number ID Number Spouse Social Security Number Name Birthdate Address Zip Employer Address City State Zip Employer Address Cell Phone Cell Phone Dental Insurance Co Group Number Address City State Zip Phone Number ID Number ID Number ID Number	Employer		Address		
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	Home Phone	_Work Phone	e	Cell Phone _	
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	Dental Insurance Co.			Group Num	ber
Phone Number ID Number					
Name					
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	
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	Name			Birthdate	
Employer Address					
Home Phone Work Phone Cell Phone Dental Insurance Co Group Number Address City State Zip Phone Number ID Number					
AddressCityStateZip Phone NumberID Number	Home Phone	Work Phon	e	Cell Phone	
AddressCityStateZip Phone NumberID Number	Dental Insurance Co.			Group Numb	er
Phone Number ID Number					
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Date Responsible Party	Date	Responsible	e Party		