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_____

Responsible Party _____ Date _____