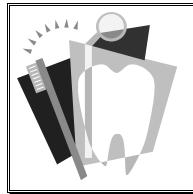


# Dr. Christopher Gartland, D.D.S.

501 S. Cherry St. Suite #230 Glendale, CO 80246 303-322-3272 GartlandFamilyDentistry@gmail.com www.christophergartlanddds.com

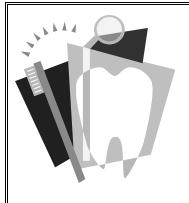
### **Patient Information**

Name:	First	MI	Preferred Name	
Title: Birth Date:		SS#: [		
E-mail Address:				
Address:				
City		State	Zip	
Phone: Best Number to Reach Yo	ou		Other	
Emergency Contact:	Name		Phone	
Whom may we thank for referring	g vou to our off	ice?		



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### **Authorization for Treatment**

I authorize the diagnosis of my dental health by means of radiographs, study models, photographs and/or other diagnostic aids deemed appropriate. I authorize the treatment of dental conditions by appropriate means by Dr. Christopher Gartland and/or members of his staff.

### **HIPPA Release Information**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). By signing this consent I authorize the office of Dr. Christopher Gartland to use and disclose my protected health information to:

- Third Party Payers (i.e. my insurance company) to obtain payment for services.
- Other medical or dental offices to assist with referrals for specialty treatment.
- Other offices as related to the day-to-day operations of the practice.

I authorize my insurance carrier to submit payment directly to the dentist or dental practice to be applied directly to any outstanding balance on my account.

#### Consent for Payment

I understand that I am financially responsible for any outstanding balance for services provided that are not fully covered by insurance and I may be billed for this remaining balance. All dental services must be paid in full at the time of service unless previous financial arrangements have been made. A service charge of 5% per month on the unpaid balance will be charged on all accounts exceeding 30 days unless previous financial arrangements are agreed upon or satisfied.

By signing, I acknowledge that I have read the above information and agree to the co	ontents.
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Signature:	Date: