Michael J. Hanna, D.M.D., Pediatric Dentistry, P.C.
Patient Information (Please print) **Date**_____

Patient Name _____
(Last) *(First)* *(M.I.)*

S.S. No. _____ Gender_____ Date of Birth _____

Patient Name _____
(Last) *(First)* *(M.I.)*

S.S. No. _____ Gender_____ Date of Birth _____

Patient Name _____
(Last) *(First)* *(M.I.)*

S.S. No. _____ Gender_____ Date of Birth _____

Patient Name _____
(Last) *(First)* *(M.I.)*

S.S. No. _____ Gender_____ Date of Birth _____

Address (House/Apt Number & Street)_____

City_____ State_____ Zip_____

Acknowledgement of Receipt of Privacy Practices

I understand that a copy of this office's Notice of Privacy Practices is available for me to review.

_____ _____ _____

Name (Please print) Signature Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

□ Individual refused to sign

□ Communication barriers prohibited obtaining the acknowledgement

□ An emergency situation prevented us from obtaining acknowledgement

Patient Name_____

Owner of Insurance _____

Relationship to patient_____

Subscriber ID No._____Date-of-Birth_____Driver License No._____

Address (House/Apt Number & Street)_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone _____

Cell Phone_____ E-mail address_____

Employer's Name_____

Employer's Address _____

City_____ State_____ Zip_____

Dental Insurance Co. _____

Group Name_____ Group No._____

Insurance Company Address_____

Mother's Name _____

S.S.# _____Date-of-Birth_____Driver License No._____

Address (House/Apt. No. & Street)_____

City_____State_____Zip_____

Home Phone_____Work Phone_____

Cell Phone_____E-mail address_____

Father's Name _____

S.S.# _____Date-of-Birth_____Driver License No._____

Address (House/Apt. No. & Street)_____

City_____State_____Zip_____

Home Phone_____Work Phone_____

Cell Phone_____E-mail address_____

Pediatrician/Physician_____ Phone _____

Address _____

City_____ State_____ Zip_____