DEMO FORM - FICTIONAL PRACTICE - NOT A REAL MEDICAL OR LEGAL DOCUMENT

Northline Family Dental | (555) 012-4400

New Patient Intake Form

Print this form, fill it in by hand, and bring it to your first visit.

About you

Full name _____

Mailing address _____

Phone _____

Email _____

Responsible party

Who is responsible for the account, if not you (for a child, a parent or guardian).

Name _____

Relationship _____

Phone _____

Emergency contact

Name _____

Phone _____

Previous dentist

Practice name _____

We request your records from them directly once you sign a release at the desk.

Signature _____

Date _____

Sample PDF for a website template demo. Northline Family Dental, its staff, and its policies are made up.