

RANDALL R. GORDON, D.D.S., M.S.
Practice Limited to Periodontics and Dental Implants

PATIENT INFORMATION

Name(Last) _____ (First) _____ (Middle initial) _____
Address _____ City _____ Zip _____ Phone _____
Sex: M ___ F ___ Age _____ Date of Birth _____ Social Security # _____ Cell phone _____
Employed by: _____ Occupation _____
Business Address: _____ City _____ Zip _____ Phone _____
If patient is full time college student, name of school: _____
Name of Spouse (Last) _____ (First) _____ (Middle initial) _____
Spouse employed by _____ Address _____ Phone # _____
How would you like to receive appointment reminders? (Circle all that apply)
Text ___ Call ___ Postcard ___ Email ___ If email, please list email address _____
(Print Clearly)

RESPONSIBLE PARTY INFORMATION (IF OTHER THAN PATIENT)

Person Responsible for Account (Last) _____ (First) _____ (Middle initial) _____
Address (if different from patient) _____ City _____ State _____ Zip _____
Soc. Sec. # _____ Relation to patient _____ Phone _____
Employed by _____ Phone _____

PRIMARY DENTAL INSURANCE INFORMATION

Name of Insured (Last) _____ (First) _____ (Middle initial) _____
Date of Birth _____ Soc. Sec. # _____ Relation to patient _____ Phone _____
Address (if different from patient) _____ City _____ State _____ Zip _____
Employed by _____ Phone _____
Insurance Company _____ Address _____
Group # _____ City _____ State _____ Zip _____

SECONDARY DENTAL INSURANCE INFORMATION

Name of Insured (Last) _____ (First) _____ (Middle initial) _____
Date of Birth _____ Soc. Sec. # _____ Relation to patient _____ Phone _____
Address (if different from patient) _____ City _____ State _____ Zip _____
Employed by _____ Phone _____
Insurance Company _____ Address _____
Group # _____ City _____ State _____ Zip _____

HIPAA CONSENT & ACKNOWLEDGEMENT

I, _____ do hereby Consent and Acknowledge my agreement to the terms
Set forth in the "HIPAA INFORMATION FORM" and any subsequent changes in office policy. I understand that this
consent and acknowledgement shall remain in force indefinitely.