

MICHAEL B. NUSSBAUM, D.D.S.
 3660 STONERIDGE RD., BLDG. B-101 AUSTIN, TX 78746 (512) 327-3631

PATIENT INFORMATION			
DATE	EMAIL		
NAME			
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE NO.	WORK	CELL	
BIRTHDATE	AGE	MALE	FEMALE
MARRIED	SINGLE	DIVORCED	WIDOWED
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	
PERSON RESPONSIBLE FOR ACCOUNT		PHONE NO.	
ADDRESS (IF DIFFERENT FROM ABOVE)			
EMERGENCY CONTACT		PHONE NO.	
ADDRESS			
CITY	STATE	ZIP	

INSURANCE INFORMATION	
SUBSCRIBER NAME (IF DIFFERENT FROM PATIENT)	
EMPLOYER	
BUSINESS ADDRESS	
INSURANCE CARRIER	
GROUP NO.	SUBSCRIBER'S SS#
DATE OF BIRTH	DUAL COVERAGE? Y N
SPOUSE DATA	
NAME	
EMPLOYER	
WORK PHONE NO.	BUSINESS ADDRESS
INSURANCE CARRIER	
GROUP NO.	SPOUSE'S SS#
SPOUSE BIRTHDATE	

CONSENT	
<p>1. I hereby authorize the doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my dental needs.</p> <p>2. Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.</p> <p>3. I consent to the use of appropriate medication and therapy as deemed necessary. I fully understand that using anesthetic agents embodies a certain risk.</p> <p>4. If necessary, appropriate financial arrangements will be coordinated and monitored by the office manager. Any questions or change pertaining to financial arrangements must be approved by the office manager and/or the doctor.</p>	
_____	_____
PATIENT SIGNATURE	DATE
_____	_____
PARENT OR RESPONSIBLE PARTY	RELATIONSHIP TO PATIENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES	
I HAVE RECEIVED AND/OR REVIEWED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES. *A copy is available upon request*	
_____	_____
SIGNATURE *YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT*	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:	