



Dental Hygiene Clinic PATIENT REGISTRATION FORM

Date _____

Patient Information

Name _____ DOB _____ Gender _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip Code _____

Preferred Method of Contact: Phone # _____ E-mail _____

Employer _____ Job Title _____

Emergency Contact _____ Phone # _____ Relationship _____

How did you hear about our clinic?

- | | |
|------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Friend/relative | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Social media/neighborhood app (specify): _____ |
| <input type="checkbox"/> Pima website | <input type="checkbox"/> Online referral/list of dental clinics (specify): _____ |
| <input type="checkbox"/> Walk by | <input type="checkbox"/> Other (specify): _____ |

Responsible Party (if different than Patient)

Name _____ Relationship _____ DOB _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip Code _____

Phone # _____ Work # _____ E-mail _____

Dental Insurance Information

Primary Holder's Name _____ Date of Birth _____

Employer _____ Relationship to Patient _____

Insurance Company _____ Phone # _____

ID Number _____ Group Number _____ Fax # _____

Clinic Policies and Procedures

Length of Appointments

An appointment for an adult can be up to 3.5 hours in length, and multiple appointments are frequently required. Patients that cannot meet this requirement may not be suitable for treatment at Pima Medical Institute Dental Hygiene Clinic.

Appointments and Cancellation Policy

Pima Medical Institute's Dental Hygiene Clinic is an educational facility where student dental hygienists receive training while providing a broad scope of dental and dental hygiene services. The number of patient experiences is essential for the student's education. If a cancellation is unavoidable, 24 hours advanced notice is required. Two missed appointments or two cancellations without the 24-hour advanced notification may be cause to discontinue a patient from further treatment in the Dental Hygiene Clinic.

Policy on Late Arrival for Appointments

Please arrive 5-10 minutes early for your appointment. We understand that unforeseen issues may come up; however, if you arrive more than 15 minutes late for your scheduled appointment, we may not be able to complete all scheduled treatment or we may need to reschedule your appointment due to the needs of other scheduled patients.

Dental Records

The records, radiographs, photographs, study models, and other materials relating to your treatment in the Dental Clinic are the property of the Dental Clinic. Patients have the right to inspect these materials and to request copies by signing a records release at our clinic. The Dental Hygiene Clinic is authorized to furnish information from dental records to insurance companies for the purpose of obtaining reimbursement. Dental and medical records may be used for instructional purposes, and if they are, the patient’s identity will not be disclosed.

Financial Responsibility

As a self-supporting educational facility, we require payment upon services rendered.

Consent for Treatment in Educational Setting

I am aware that the Pima Medical Institute Dental Clinic is part of an educational institution in which students receive training and dental services are offered at reduced rates. Students are required to provide the full range of assessments and procedures on all patients, and if I refuse treatment, I may need to seek care elsewhere. I understand that students-in-training under the close supervision of licensed hygienists and dentists may perform preventive services. I further understand that faculty and other employees may also provide services when, in the opinion of faculty member, such substitution is appropriate. A referral is given for any services that cannot be provided at Pima Medical Institute. As a patient, I have the right to refuse all treatment presented to me.

Patient Acknowledgements and Consent

Please read the following statements and initial each one. Initialing certifies that you have read, understand, and agree to abide by the associated statement:

_____ Student appointments can be up to 3.5 hours long, and multiple appointments may be necessary to complete treatment. I understand this and agree to the time commitment.

_____ Payment is due the day treatment is received. This includes any estimated portion remaining after dental benefits are applied, if appropriate. I understand that I am fully responsible for payment regardless of insurance benefits. I will provide all insurance information, if applicable.

_____ Two (2) or more failed appointments or cancellations without 24 hours’ notice may result in permanent dismissal from Pima Medical Institute dental clinic.

_____ Dental treatment and local anesthetic agents embody certain risks. I understand that I can request an explanation of possible risks at any time.

I, _____, have read and agree to abide by the statements above, and authorize the students and dental professionals of Pima Medical Institute’s Dental Clinic to perform the dental treatment mutually agreed upon and accepted by me. I certify that I have read and understand the Dental Hygiene Clinic Policies and Procedures and Patient Rights and Responsibilities, Notice of Privacy Practices, and I have been provided with a copy at my request. I understand I can withdrawal my consent to treatment at any time. I certify that all medical, dental, and any other health-related information that I have provided is true and correct to the best of my knowledge.

Print Name

Signature

Date

For Official Use Only

We attempted to obtain written acknowledgment of receipt of our Policies and Procedures, Patient Rights and Responsibilities, and Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgment
- _____ Other (please Specify): _____