



UNIVERSAL DENTISTRY

- Bensalem, PA
- Willow Grove, PA
- Turnersville, NJ
- Springfield, PA
- Montgomeryville, PA
- Cherry Hill, NJ

### **Registration Information (Please Print):**

Have you ever been a patient at any Universal Dentistry office, if so where? \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F

Soc. Sec. # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you? Single Married Divorced Widowed

Reason for today's visit: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **How did you hear our about our office?**

Channel 6 WPVI ☐ Cable (Comcast) ☐ Patient Referral \_\_\_\_\_ Other \_\_\_\_\_

Patient Name

### **Medical Conditions:**

#### **Y N Conditions**

- ☐ Abnormal Bleeding
- ☐ Alcohol Abuse
- ☐ Allergies
- ☐ Anemia
- ☐ Angina Pectoris
- ☐ Arthritis
- ☐ Artificial Bones
- ☐ Artificial Heart Valve
- ☐ Asthma
- ☐ Blood Transfusion
- ☐ Cancer- Chemotherapy
- ☐ Colitis
- ☐ Congenital Heart Defect
- ☐ Cosmetic Surgery
- ☐ Diabetes
- ☐ Difficulty Breathing
- ☐ Drug Abuse
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Fainting Spells
- ☐ Fever Blisters
- ☐ Frequent Headaches

#### **Y N Conditions**

- ☐ Glaucoma
- ☐ HIV+ AIDS
- ☐ Stroke
- ☐ Heart Attack
- ☐ Heart Surgery
- ☐ Hemophilia
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ High Blood Pressure
- ☐ Kidney Problems
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Mitral Valve Prolapse
- ☐ Pace Maker
- ☐ Pneumonia
- ☐ Psychiatric Problems
- ☐ Radiation Therapy
- ☐ Rheumatic Fever
- ☐ Seizures
- ☐ Shingles
- ☐ Sickle Cell Disease
- ☐ Sinus Problems

#### **Y N Conditions**

- ☐ Do you smoke?
- ☐ Do you use smokeless tobacco?
- ☐ Thyroid
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Venereal Disease
- ☐ Yellow Jaundice
- Y N Women**
- ☐ Are you pregnant?
- ☐ Are you nursing?

#### **Y N Allergies**

- ☐ Aspirin
- ☐ Codeine
- ☐ Dental Anesthetics
- ☐ Erythromycin
- ☐ Jewelry
- ☐ Latex
- ☐ Metals
- ☐ Penicillin
- ☐ Tetracycline
- ☐ Other: \_\_\_\_\_

Have you ever had any serious illness not listed above? \_\_\_ Yes \_\_\_ No \_\_\_ N/A \_\_\_\_\_

Please list any medications you are currently taking:

ARE YOU CURRENTLY ON ASPIRIN OR BLOOD THINNERS \_\_\_ Yes \_\_\_ No

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent, or Guardian

Date

# Universal Dentistry

## Written Financial Policy

Thank you for choosing Universal Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

You can choose from:

- Visa, MasterCard, American Express, Discover Card, Cash, Check
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - o Allows you to pay over time with NO INTEREST<sup>1</sup>
  - o Convenient, low monthly payment plans<sup>2</sup> also available
  - o No annual fees or pre-payment penalties

Please note:

Universal Dentistry requires payment in full prior to the beginning of your treatment. You may discontinue treatment and request a refund at any time. Refunds will not be issued for completed treatment. If you choose to discontinue care before your Treatment Plan is complete the costs of all completed services and any lab fees associated with your treatment will be deducted from the refunded amount.

All refunds will be processed back to the original form of payment - except for cash payments, which will be refunded by check.

All refund requests must be submitted in writing to the Office Manager at your Universal Dentistry location and may take up to 30 days to process.

For patients with dental insurance: Although we do not participate with insurance carriers we would be happy to work with you to maximize your benefits and provide you with the documentation you need to receive reimbursement from your carrier for your treatment.

A fee of \$75 is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

- Universal Dentistry makes no guarantees on any reimbursement from insurance carriers; it is the patient's responsibility to check with the insurance carrier to determine benefits