SENIOR smile
Namita K. Thapar-Dua, DDS
Providing Mobile Dental Care
Serving Maryland, DC & Virginia
301.875.7477

SENIOR SMILE Intake Form

Patient Information

Patient's Full Name: _____

DOB: _____ **Facility:** _____

TYPE OF APPOINTMENT NEEDED: (check all that apply)

Emergency ☐ **New Patient Exam/Cleaning** ☐ **Consult (with x-rays)/2nd opinion** ☐

Dental Concern details: _____

_____

_____

Responsible Party Information (Power of Attorney and/or Guardian)

*****IF PATIENT IS FILLING THIS FORM OUT, CHECK HERE** ☐ **(SELF)**

Full Name of POA/Guardian: _____

Relationship to Patient: _____

Email: _____

Home Phone Number: _____ **Cell Phone Number:** _____

I, the patient and/or the POA/Guardian, hereby authorize SENIOR SMILE to use this form as an initial intake for further documentation to be sent to me to be filled out prior to getting an appointment. I am aware that once this form is received someone from the office of SENIOR SMILE will reach out in a timely manner with a phone call, text, regular mail or email to complete the registration for the patient. I give consent also for the facility or the guardian/POA to release privileged information such as the medical history, so the doctor can properly assess the patient at the first visit for emergency, routine or indicated treatment. The information may be necessary or advisable in the diagnosis & treatment of the patient's dental condition for the first visit and for future visits.

Signature: _____ Date: _____

Patient and/or Power of Attorney/Guardian