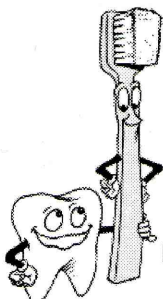


"We take the 'bite' out of seeing the dentist."

*"We Cater
To Cowards"*



Brian P. Danielewicz, D.D.S.

424 Lake Street, Antioch, IL 60002 (847) 838-9944
740 Florsheim Drive, Libertyville, IL 60048 (847) 816-3377

Name _____

Last First Middle Initial

Address _____

Street

City _____ State _____ Zip _____

Employer _____ Driver's License _____

Birth Date _____ Height _____ Weight _____

Phone: Home () _____ Social Security # _____

Work () _____ May we contact you at work? _____

Cell () _____

Emergency: Name _____ Phone () _____

INSURANCE:

Primary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____

Employer _____ Insurance Co. _____

Insurance Co. Phone # _____ Group # _____

Relation to patient _____

Secondary Dental Carrier

Subscriber Name _____ Social Security # _____ DOB _____

Employer _____ Insurance Co. _____

Insurance Co. Phone # _____ Group # _____

Relation to patient _____

INSURANCE AUTHORIZATION STATEMENT

I hereby authorize payment directly to Brian Danielewicz, DDS, LTD of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. I hereby authorize Brian Danielewicz, DDS, LTD to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history is correct to the best of my knowledge.

Signature _____ Date _____

IF PATIENT IS UNDER 18

Responsible Party _____ Relation to Patient _____

Address _____

Street City State ZIP

Telephone () _____