

**Registration and Appointment Obligations**

Patient Name \_\_\_\_\_  
 Last First MI (Preferred Name)  
 Birth Date: MM/DD/YY \_\_\_\_\_ SSN: \_\_\_\_\_ (purpose: billing/account)  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phones:  
 (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Would you like to be on our ASAP (As Soon As Possible) list?  YES  
 This allows the scheduling manager to contact you should an earlier opportunity become available.  
Do you have any preferences for your appointments?  
 Mornings  Afternoons  Earliest available  Latest available  No preference  
 Mondays  Tuesdays  Wednesdays  Thursdays  No preference

**Communication about your Appointment:** When you make a reservation with our office, you can expect we will do everything to carefully prepare for your care. In return, please respond to our confirmation emails or text messages by selecting the “CONFIRM” button; this action will interface with our schedule and notifies our front desk scheduling coordinator of your verification. Once you CONFIRM, the automated system will not continue to bother you with reminders, however, if you ignore them, they will continue to attempt to receive a confirmation from you. If you do not respond to the above nor have email or a cell phone on file, you will receive an automated phone call, please remain on the line during this call as it will prompt you to select a number to CONFIRM your appointment and this again will interface with our scheduling system. If you do not want to receive the plethora of options listed above, know that as soon as you CONFIRM one of these messages, then the sequence is stopped and we know you plan on being here. We prepare for your arrival 2 business days prior to your arrival. Our business week is Monday thru Thursday.

Our automated appointment reminder system is inclusive of email, text and automated phone call. Select the manner in which you prefer your reminders. You may select one or all. Thank you for your cooperation in understanding our confirmation system detailed above.

**Email address:** \_\_\_\_\_ (for appointment confirmations)  
 **Text reminders will use cell phone number above**  
 **Automated phone calls will use home or cell phone number in your data file.**

**Appointment Obligation:** Should you be unable to keep your scheduled appointment, please call our office right away, **603-882-3001** so we have the opportunity to reach out to patients who are waiting for treatment. We have limited clinical time to offer, please help us use it effectively. The more notice we have, the more opportunity we have to utilize this time.

- To the best of my knowledge, all of the preceding information provided is true and correct.
- I will take the responsibility to inform the administration of any changes to keep my records current and up to date.
- I accept my responsibility to give the office at least 2 business days notice if I am unable to keep my reservation so the office has the opportunity to best use it’s available clinical time.
- I give the office permission to contact me at the above address, phones or emails in order to perform the necessary duties involved in scheduling and communicating with me about my oral health care.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of patient, parent or guardian  
 If not patient, please print name and indicate relationship to Patient: \_\_\_\_\_