Joseph C. Elkins, D.D.S.
3733 Hixson Pike
Chattanooga, TN 37415
Phone #: (423) 877-2415
www.JosephElkinsDDS.com

Patient Information (Please Print)

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone#: _____ Cell #: _____

*****Our office will contact you prior to your dental appointment*****

Male: _____ Female: _____ SS#: _____ DOB: _____

If Student: Name of School: _____ Full-time: ____ Part-time: ____

E-Mail: _____

Person to contact in case of Emergency: _____ Phone: _____ Relation: _____

Whom may we thank for referring you?: _____

Patient's Employer: _____ Spouse's Employer: _____

Responsible Party (Please Print)

Name of Person Responsible for this account: _____ Relation: _____

Address: _____ City, St, Zip: _____

Employer: _____ Soc. Sec. #: _____

*****For your convenience - we offer the following payment options.
Please check the option you prefer:
Cash _____ Check _____ Visa _____ MCard _____ Discover _____
Am Express _____ Care Credit _____ HSA Card _____

*****Payment is expected in full at each appointment even with Insurance. I understand that my Insurance is an agreement between the Insurance Company and me and that I am fully responsible for my balance regardless of my Insurance. It is my responsibility to let your office know of any and all Insurance changes as the office files Insurance as a courtesy for me.

_____ _____
Patient Signature Date

(Over)