Eric K. Morrison, D.D.S., M.A.G.D.
Master of the Academy of General Dentistry

5454 Wisconsin Avenue • Suite 1505
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301.637.0719

info@DrEricMorrison.com

DrEricMorrison.com

GET ACQUAINTED QUESTIONAIRE

In order to help us gather pertinent information for your chart, please fill out this form in full.

PATIENT INFORMATION			
Name:	Email:	Phone:	
Date of birth:	Social Security #:	Status: ☐ Male ☐ Female ☐ Married ☐ Single ☐ Child	
Home Address:	City:	State:	Zip:
Employer:	Work Phone:	Work Fax:	
Business Address:	City:	State:	Zip:
Contact Person: (in case of an emergency, someone who doesn't live with you.)		Phone:	

REFERRAL INFORMATION
How did you hear about Dr. Morrison:

PAYMENT INFORMATION (if different from information above)			
Name:		Phone:	
Relationship to patient:		Social Security #:	
Home Address:	City:	State:	Zip:
Employer:	Work Phone:	Work Fax:	

Signature of Responcible Party:____ Date:________________

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RESPONSIBILITY AGREEMENT

Thank you for allowing Dr. Morrison to serve you. You have chosen us to care for you and that means everything to us. The entire team is committed to your health and your treatment. In order to make our services as convenient as possible while, at the same time, maintaining the highest standard of comprehensive care, we would like to outline some of our principles.

Wellness: Our primary focus is your wellbeing. In order to serve you, we request that you take part in your experience. We encourage your questions and feel that understanding and cooperation is an important part of your treatment.

Appointments: We are here to serve you and commit to making ourselves as available as possible. We ask that you schedule your appointments at a time when you have the least likelihood of interruption.

Payment: For your convenience, we accept cash, check, Visa, and MasterCard. Please make payment in full at the completion of your visit.

Payment Schedules: Some treatment needs may necessitate special financial arrangements. Please feel free to discuss any questions or concerns with your Personal Care Coordinator.

Insurance: We currently work with some insurance companies, Whether we work with your insurance or not, we will do everything possible to maximize your benefits. From begining to end, we will attempt to make your experience as enjoyable as possible.

Fees: Broken appointments (appointments broken without enough advance notice to schedule another patient) may incur a fee appropriate to the anticipated procedure. A $25 fee shall be charged for each check that is returned unpaid. A late charge of $25 or 5%, whichever is greater, shall be applied to any balance remaining longer than 30 days unless other arrangements have been made.

I, the undersigned, understand the principles of Dr. Morrison as outlined above. I agree to become an active partner in my treatment and I agree that payment for that treatment is my legal obligation as the patient.

______________________________ ______________

Patient Signature Date