



Unique Smiles of McHenry
4101 W Shamrock Lane, McHenry, IL 60050
(815) 385-0777
usmilesofmchenry.com/

Powered by Dental Intelligence

NEW PATIENT FORM

Basic Information

Name:		Gender:	
Preferred Name:		DOB:	
SSN #:		Marital status:	
Referral source:			
Referred by:			

Contact Information

Address Information

Mobile phone:		Street address:	
Home phone:		City:	
Email:		State:	
		ZIP:	

Emergency Contact

Full Name:	
Phone number:	
Relation:	

Patient's signature:

Date:



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COMMUNICATION CONSENTS

EMAIL CONSENT FORM

PURPOSE: This form is used to obtain your consent to communicate with you by email regarding your Protected Health Information. Unique Smiles of McHenry offers patients the opportunity to communicate by email. Transmitting patient information by email has a number of risks that patients should consider before granting consent to use email for these purposes. Unique Smiles of McHenry will use reasonable means to protect the security and confidentiality of email information sent and received. However, Unique Smiles of McHenry cannot guarantee the security and confidentiality of email communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of email between Unique Smiles of McHenry and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Unique Smiles of McHenry.

Patient's signature:

Date:



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TEXT MESSAGE TO MOBILE CONSENT FORM

PURPOSE: This form is used to obtain your consent to communicate with you by mobile text messaging regarding your Protected Health Information. Unique Smiles of McHenry, offers patients the opportunity to communicate by mobile text messaging. Transmitting patient information by mobile text messaging has a number of risks that patients should consider before granting consent to use mobile text messaging for these purposes. Unique Smiles of McHenry will use reasonable means to protect the security and confidentiality of mobile text messaging information sent and received. However, Unique Smiles of McHenry cannot guarantee the security and confidentiality of mobile text messaging communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of mobile text messaging between Unique Smiles of McHenry and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Unique Smiles of McHenry.

Patient's signature:

Date: