**Weight:**

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**Birth Date**

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**Address**

90484 Charing Cross Circle, 87056 La Follette Place
Wichita Falls, Texas, 76310
United States

**Phone Number**

+57 (58) 507-2443

**Home phone**

+57 (58) 507-2443

**Work phone**

+57 (58) 507-2443

**Name**

# Naomi Howatt

## INSURANCE - PRIMARY

**Height:**

In hac habitasse platea dictumst. Maecenas ut massa quis augue luctus tincidunt. Nulla mollis molestie lorem.

**Policy Number:**

In hac habitasse platea dictumst. Maecenas ut massa quis augue luctus tincidunt. Nulla mollis molestie lorem.

**Expiry Date:**

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**Name of Insurance Company:**

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## MEDICAL HISTORY

**Significant Medical History (surgery, injuries, serious illness):**

Duis consequat dui nec nisi volutpat eleifend. Donec ut dolor.

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Dr. Corey L. Plaster, DDS all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance.

## DENTAL HISTORY

## PATIENT ADDITIONAL REQUESTS

## ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Dr. Corey L. Plaster, DDS all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurances. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions. I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status.

**Signature here:**