

Urmi Amin, DDS MS
10 El Camino Real, Suite 102
San Carlos, CA 94070
Phone: (650) 596-8045. Fax: (650) 596-8074

SIGN IN FORM

PATIENT NAME: _____

HEALTH CHANGES? YES ___ NO ___

INSURANCE CHANGES? YES ___ NO ___

EMAIL: _____

BEST CONTACT NUMBER : _____

I have reviewed my health history and confirm that it accurately states past and present conditions.

I also understand that my dental insurance or payer of my dental benefits may pay less than the actual bill for service. By signing this, I am financially responsible for payments in full of all accounts.

Signature: _____

Date: _____