



1141 18<sup>th</sup> Street  
Denver, CO 80202

303-296-8527 telephone  
303-296-6133 fax  
www.briangurinsky.com

**PATIENT INFORMATION**

NAME

PREFERRED NAME

SSN

MALE

FEMALE

SINGLE

MARRIED

CHILD

DATE OF BIRTH

PHONE (H)

(W)

EXT

(Cell)

ADDRESS STREET

Apt #

CITY

STATE

ZIP

E-MAIL ADDRESS

EMPLOYER

**WHOM MAY WE THANK FOR REFERRING YOU TO OUR PRACTICE?**

NAME

DENTAL OFFICE

RELATIVE

FRIEND

OTHER

**PERSON TO CONTACT IN CASE OF EMERGENCY**

RELATIVE'S NAME

PHONE

FRIEND'S NAME

PHONE

**RESPONSIBLE PARTY, IF OTHER THAN PATIENT**

NAME

ADDRESS

PHONE

SSN

DATE OF BIRTH

RELATIONSHIP TO PATIENT:            SPOUSE      PARENT      OTHER

**INSURANCE INFORMATION**

Dental INSURANCE COMPANY NAME

ADDRESS

PHONE

EMPLOYER

POLICY HOLDER

SSN#

DATE OF BIRTH

GROUP #

I hereby authorize the office of Brian S. Gurinsky, DDS, MS to affix my name to any and all claims or documents related to me. To the extent permitted under applicable law, I authorize release of any information relating to this claim. This "signature on file" will be valid for this date forward and can be terminated by me in writing at any time.

Signed

Date

\* If submitting electronically, you may sign when you come into the office.

**Please choose ONE of the following applicable options:**

\* If submitting electronically, you may sign when you come into the office.

I hereby authorize payment of dental benefits otherwise payable to me, directly to the office of Dr. Brian S. Gurinsky. I will be paying my estimated copay at the time of treatment. I hereby authorize this office to keep my signature on file and to charge my credit card account for any and all treatment fees remaining after my insurance carrier has processed my claim, any balance still remaining after 60 days, or if an arrangement has been made for automatic payments.

Cardholder's Name

Signature

Credit Card # (Visa/Mastercard/Discover **ONLY**)

Expiration date

I will be paying the full amount of my appointment at the time of service by one of the following: CASH, CHECK, CREDIT/DEBIT CARD or 3<sup>rd</sup> PARTY FINANCING.

Signed

Date