

Bridges & Buckner Dentistry by Design

1802 NW 52nd St ~ Lawton, OK 73505

(580)248-6700

C. Todd Bridges, D.D.S.

Nathan Buckner, D.M.D

Patient Information

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Email _____

Sex _____ Age _____ Marital Status _____ Birthdate _____

SSN _____ Employer _____

Emergency Contact _____ Phone _____

Referred by _____

Policyholder/Responsible Party Information

Name _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Sex _____ Age _____ Marital Status _____ Birthdate _____ SSN _____

Employer _____ Insurance Company _____

Policy Number _____ Group Number _____

Minor/Child Consent (if patient is under the age of 18)

I, being the parent or guardian of patient listed above, do hereby request and authorize the dental staff to perform necessary dental services including but not limited to Xrays and administration of anesthetics which are deemed advisable by the doctor whether or not I am present at the appointment when treatment is rendered.

Signature _____ Date _____

