Sunrise Dental Center – Bella Terra | 7777 Edinger Ave. #106, Huntington Beach, CA 92647
Ph: (714) 890-1700 | Fax: (714) 890-1701 | www.SunriseDDS.com

REGISTRATION FORM

(Please Print)

Today's date:				
PATIENT INFORMATION				
Patient's last name:	**First:**	**Middle:**	❑ Mr. ❑ Mrs.	❑ Ms ❑ Other
Home phone	**Cell phone**	**Birth date:**		**Age:**
( )	( )	/ /		
Driver's License #	**Email Address**			
Street address:	**City:**	**State:**	**ZIP Code:**	
Referred to clinic by (please check one box):		❑ **Yelp**	❑ **Dr.**	
❑**Google**	❑**Other**	❑ **Friend/Family NAME:**		

- **Purpose of initial visit?** _____
- **How long since you last dental visit?** _____
- **What was done at the time?** _____
- **Do you have any questions or concerns?** _____

Employment Information

Employer Name: _____**Occupation**_____

Are you insured with thru this employer? _____ **If so, what is the insurance companies name**_____

Phone Number ( ) _____**Name of subscriber (if different from patient)** _____

Social Security #_____**necessary for insurance purposes only Subscriber Birthdate** _____

Consent for Services

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements must be paid for in cash at time services are performed. Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patients insurance forms or assist in making collections from insurance companies and will reimburse full payment to patient. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

I understand that the fee estimate listed for this dental care can only be extended for a period of 30 days from the date of the patient examination. In consideration for the professional services rendered to me, or at my request by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five days of billing if credit shall be extended. I further agree that the reasonable values of said services shall be as billed unless objected to, by me in writing, within the time for payment thereof. I further agree that waiver of any breach of any time or condition here under shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

Sunrise Dental Center has permission to use diagnostic and treatment photographs and models of the patient for the purpose of scientific articles, seminars and presentations. I consent to be reached via third party text software please advise office staff if you would like to opt out. More terms and conditions below.

_____ _____

Signature of patient, parent, guardian or responsible party Date

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SMS and Email Terms and Conditions

Privacy Policy
Your privacy is our priority. We comply with applicable laws and regulations to ensure the confidentiality and security of your information. Our **Privacy Policy** and **Consent for Services** govern how we collect, use, and disclose your information.

- Any breach of your unsecured PHI will be promptly communicated to you as required by law.

How We Use SMS and Email Communications
By providing your email address and/or mobile phone number, you consent to receiving SMS and email communications, which may include the following:

1. Appointment reminders.
2. Notifications about updates to your care.
3. Promotional offers or fundraising campaigns.
4. Important updates about our services.

You may opt out of these communications at any time. Simply reply "STOP" to any SMS message or use the unsubscribe link included in our emails.

Your Responsibilities
When you opt into SMS and email communications, you agree to:

1. Provide accurate contact information.
2. Update us with any changes to your phone number or email address.
3. Use our services responsibly and avoid sharing sensitive information through unsecured communication channels.

Our Commitment to Your Privacy
We protect your data under the terms of the **Health Insurance Portability and Accountability Act (HIPAA)** and other applicable laws. We will never sell your information to third parties or shared for marketing purposes.

Opt-Out Process
You can opt out of receiving communications from us at any time:

- **SMS**: Reply "STOP" to any message.
- **Email**: Click the "unsubscribe" link at the bottom of any email.

Please note that opting out of communications may affect your ability to receive timely appointment reminders or updates about your care. By opting out, we will no longer send you reminders and/or communication via texts or emails. We cannot change that until you allow us to have permissions again.

_____ _____

Signature of patient, parent, guardian or responsible party Date