MT. PROSPECT

F: (847) 398-0439

In order to administer proper care, please provide this form to your patient and instruct them to bring it with them to their appointment with us. Thank you!

Patient Name: $\qquad$

Patient Phone: $\qquad$ Date: $\qquad$
Referred By: $\qquad$ Referral Phone: $\qquad$


SPECIAL INSTRUCTIONS

## PATIENT INSTRUCTIONS

1. Please have your dental insurance available when calling to schedule an appointment.
2. Please arrive 15 minutes prior your scheduled appointment to fill out paperwork.
3. Please bring any X -rays and dental insurance information with you.
4. Minors under the age of 18 years must be accompanied by a parent or legal guardian.
5. Please bring a list of all of your medications.
6. Take your oral medications as usual.
7. If you are unable to keep your appointment, please allow 48 hours notice.
8. The treatment fee is due at the time treatment is rendered-we accept cash, checks and all major credit cards.

## PAYMENT INFORMATION

We offer CareCredit ${ }^{\circ}$ as a payment option so you can get the treatment you need immediately and then pay for it over time with low monthly payments that fit easily into your budget. Visit their website for more information: www.carecredit.com.

## OFFICE LOCATIONS \& CONTACT INFO

MT. PROSPECT: 1000 E. Northwest Hwy. • Mt. Prospect, IL 60056
P: (847) 398-0404•F: (847) 398-0439•E: mountprospect@northwestendo.com
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