



New Patient Questionnaire

At Kineret Orthodontics, we want to offer a customized plan just for you. Please help by answering the following questions. Please check all that apply.

1. How did you hear about us?

- Friend _____
- Relative: Have other family members been treated in our office? _____
- Dentist _____
- Dental Hygienist _____
- Internet Google Website Other _____
- Insurance Insurance website (list of providers)

2. What treatment options are you interested in?

- Metal braces with colors
- Clear top braces with metal bottom
- Clear Aligners (Invisalign, Clear and Bright, MTM)
- Retainers

3. Do you have insurance you would like us to confirm?

- Yes No

4. Do you plan to use a Flex Spending or Health Savings Account for payment?

- Yes No

If yes, current available balance \$ _____

5. What type of payment options do you prefer?

- Pay in full with a special discount
- No-Money-Down Payment Plan No Interest
- Affordable Monthly payments - No Interest
- In-House Financing - No Interest

6. If you would like a payment plan, what is the amount you would prefer for the initial payment \$ _____ and monthly payment \$ _____.

7. Is there anyone else who needs to be involved in the decision to start treatment?

- Yes _____
- No _____

8. Have you had another Orthodontic consultation?

- Yes _____
- No _____

9. What is your chief concern?

10. On a scale of 1 to 5 with 5 being ready to start treatment, how ready to start are you?

1 2 3 4 5

Please sign for permission:

- Permission to take x-rays, photos and study models
- Post first name in contests along with photo

Name: _____ Date: _____

Signature: _____

Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

[Please Print Name]

[Signature]

[Date]

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name

Relationship to Patient _____

Acknowledgement of Receipt and Agreement to Arbitrate

By: _____ Date _____
Orthodontist's Signature
Stephen Kineret, DDS, MS
Print Name of Orthodontist

By: _____
Patient or Responsible Party's Signature Date
_____ Date
Print Name of Patient or Responsible Party

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)