

ROBERT L. BUCHANAN, III, D.M.D.
121 Greenville St SW
Aiken, SC 29801
(803)648-3251

Who referred you to our office _____

RESPONSIBLE PARTY INFORMATION

I, _____, am the responsible party for payment of any charges associated with dental work done by the offices of Dr. Robert L. Buchanan.

Form must be signed by a parent or guardian if under the age of 18.

SIGNATURE _____ DATE _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY ... HIPPA

I, _____, have received a copy of the notice of privacy practices.

FAMILY MEMBERS:

1. _____
2. _____
3. _____
4. _____
5. _____

SIGNATURE _____ DATE _____