VERITAS
DENTAL LOUNGE

PATIENT REGISTRATION FORM

Instructions

This form can be completed by adult patients or by parents/guardians for minors.
Please fill out this form completely and accurately before your appointment.
This information will help us provide you with the best possible care.
If you have any questions, our staff will be happy to assist you.

PATIENT INFORMATION

Patient's Full Name:
.....

Date of Birth:
..... / ..... / .....

Gender:
☐ Male ☐ Female ☐ Other

NIC / Passport Number:
.....

If patient is a minor – Guardian's Name:
.....

Relationship to Minor:
.....

Occupation of Patient / Guardian:
.....

CONTACT INFORMATION

Address:
.....

Mobile Phone Number:
.....

Fixed Phone Number:
.....

Email Address:
.....

Preferred Contact Method:
☐ Phone ☐ Email ☐ Text Message

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EMERGENCY CONTACT INFORMATION

Emergency Contact Name:
.....

Relationship to Patient:
.....

Phone Number:
.....

MEDICAL HISTORY

Do you (or the minor) have any allergies?
☐ Yes ☐ No

If yes, please list:
.....

Are you (or the minor) currently taking any medications?
☐ Yes ☐ No

If yes, please list:
.....

Do you (or the minor) have any existing medical conditions?
☐ Yes ☐ No

If yes, please list:
.....

HOW DID YOU HEAR ABOUT US?

☐ Referral
☐ Online Search
☐ Social-Media
☐ Advertisement
☐ Other: .....

OFFICE USE ONLY

Received Date: ..... / ..... / .....
Received Time: .....
Received By: .....
Assigned Doctor: .....
DSA: .....
Assigned Clinic: .....

DECLARATION – MEDICAL HISTORY

I hereby affirm that the medical history details, including information about allergies and any other health-related issues, provided herein are complete and accurate to the best of my knowledge. I understand that Veritas Dental Lounge relies on this information to provide safe and appropriate dental care.

I agree that Veritas Dental Lounge is not responsible for any adverse effects or complications that arise as a result of inaccuracies or omissions in the medical history provided by me. I accept full responsibility for any issues that may occur due to incomplete or incorrect information given.

DENTAL HISTORY

Have you (or the minor) had any major dental work done in the past?
☐ Yes ☐ No

If yes, please list:
.....

Do you (or the minor) experience any dental pain or discomfort?
☐ Yes ☐ No

If yes, please list:
.....

Date of Last Dental Visit:
..... / ..... / .....

PATIENT / GUARDIAN DECLARATION

Signature of Patient / Guardian:
.....

Date:
..... / ..... / .....

CONSENT FOR INITIAL EXAMINATION

I (or as the guardian, I on behalf of the minor) consent to an initial examination by the dental professionals at Veritas Dental Lounge.

Signature of Patient / Guardian:
.....

Date:
..... / ..... / .....

CONSENT FOR FUTURE TREATMENTS

Type of Consent:
☐ Verbal Consent
☐ Written Consent

Signature of Patient / Guardian:
.....

Date:
..... / ..... / .....

PAYMENT POLICY

Payment Options

- One-time payment
- Installments
  (Note: Installment prices may be higher than one-time payment prices)

Acknowledgment of Potential Legal Actions for Defaulted Payments

I acknowledge that if I choose to pay for treatments in installments and default on any payment, Veritas Dental Lounge may take legal action to recover the owed amounts.

Dispute Resolution

In the event of any dispute or claim, the parties agree to first seek resolution through mediation. If mediation fails, the dispute will be resolved through the court of law.

Acknowledgment of Financial Policy

I acknowledge that any treatment initiated at Veritas Dental Lounge should be completed within **30 days**, unless otherwise instructed by the doctor.

Acknowledgment of Non-Refundable Fees

I acknowledge that all fees for services provided by Veritas Dental Lounge are **non-refundable**, including fees paid upfront and for any treatments partially or fully completed.

Note

Teeth Whitening, Dental Implants, Dental Crowns and Bridges, and Oral Surgical Treatments other than simple tooth extraction will require **written consent**, regardless of preference.