

Belvidere Dental Associates, P.C.  
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I am aware of the office's Notice of Privacy Practices and have been offered a copy of such.

Patient's name: \_\_\_\_\_  
Print

Signature \_\_\_\_\_  
Patient or responsible party

We routinely confirm all appointments by email, and/or text, postcard or phone. Please complete the following:

I can be reached at the following phone numbers to confirm my appointments:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_ text? Y N

E-mail: \_\_\_\_\_

You can leave a message: \_\_\_\_\_yes\_\_\_\_\_no

\_\_\_\_\_(ck)Please leave my email and cell on file but opt me out of receiving my reminders electronically.

Patient's Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_  
Patient and responsible party