

- ❖ *Do you have dental insurance?*
 - ❖ *Did we get a copy of your card?*
 - ❖ *If you do have dental insurance.... please be sure to properly read, fill out and/or sign all 4 pages.*
-

- ❖ *If you do not have dental insurance.... Please fill out:*
 1. *The 1st page completely*
 2. *The top part of the 2nd page.*
 3. *The bottom part of the 2nd page needs to be signed*
 4. *Please skip 3rd page*
 5. *Please fill out the 4th page.*
 - ❖ *Did we get a copy of your driver's license?*
-

Please let us know what you think of the service we provide to you. We are always striving to meet the needs of our patients!

*Thanks for trusting us to provide quality care to you, your family
and friends,
Dr. McCarley and Team*

As always our most precious gift is the referrals of friends and loved one's.