



**NEW PATIENT APPOINTMENT \$97 Special  
Acknowledgment of New Patient Terms and Conditions Form**

**Patient's First Name** *(Please print)*: \_\_\_\_\_ **Last Name:** \_\_\_\_\_

I understand that I am at Gulf Cove Dental today for a new patient appointment. I acknowledge that as a New Patient I am entitled to exam and x-rays (*ADA 0150 & 0210*). I am here today for the new patient special and today's appointment will be with the doctor and will include an exam and x-rays only. Once this appointment is completed, Gulf Cove Dental will inform you on what dental cleaning best fits you.

By signing this form, I fully understand what is stated above will be submitted to my insurance and whatever is not covered is my responsibility as a patient. As a courtesy we will submit this to your insurance.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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