Dr. Mike Pilar
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Montvale, NJ 07645
MAIN CONTACT: (917) 414-8355 Office: (201) 391-8282

PRACTICE LIMITED TO CRANIO-CERVICAL MANDIBULAR DISORDERS

MEMBER OF: AMERICAN ACADEMY OF CRANIO FACIAL PAIN

PATIENT INTAKE FORM

PATIENT NAME:_____

ADDRESS_____
House number **Street**

_____
City **State** **Zip**

DATE of BIRTH_____**SEX**_____**AGE**_____ **SINGLE**_____ **MARRIED**_____

SOCIAL SECURITY#_____**E-MAIL ADDRESS**_____

CELL PHONE_____**HOME PHONE**_____

REFERRED BY:_____

CHIEF COMPLAINT :

_____

_____

_____

_____**ARE YOU IN PAIN?**_____

PERSON AND CONTACT TELEPHONE NUMBER IN CASE OF EMERGENCY:_____

PRIMARY INSURANCE CO. NAME & ID#:_____

_____

IF ANY SECONDARY INSURANCE NAME & ID#:_____

_____

ALL CARDS TO BE COPIED AT FIRST VISIT & HAVE AVAILABLE: Primary and any Secondary Insurance Cards

INSURED'S NAME_____**INSURED'S RELATIONSHIP TO YOU**_____

INSURED PERSON'S SS#_____**INSURED'S DATE of BIRTH**_____

Authorization to release information / submit claims on your behalf / payment responsibility:
I hereby authorize Dr. Pilar to release any information in the course of treatment or examination, to my insurance company. I understand that I am responsible for payment of all TMJ/TMD services rendered.

SIGNED:_____**DATE:**_____