



Jeffrey P. Fisher, DDS

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"Anesthesia for Little People"

Patient Scheduling Form

Fax this completed form to 530-888-8263 Problems? Call 916-832-1091. Security code (3-digits on back of card) required for credit card payments.

Appointment Date: _____ Day: _____ Dr. Fisher's Arrival Time: _____

Dentist Name/City: _____ Tel: (____) _____ Scheduling Manager: _____

_____:____ Patient: _____ DOB: _____ Age: _____ Gender: _____ Wt: _____

Begin Time Parent: _____ Home Tel: (____) _____ - _____ Work/Cell: (____) _____ - _____

Comments: _____

Case Length Deposit: Amount \$ _____ Payment Method: Cash Check Care Credit Credit Card Other _____

_____:____ Credit Card #: _____ - _____ - _____ Exp. Date: ____/____/____ 3-digit code (on back; required): _____

Hrs. Mins. Name on Card: _____ Card Type: VISA/MC AMEX DISC Other _____
(Procedure + 45 min)

Billing Address (Required): _____ Zip: _____

! Medical Alerts ! No Yes _____

_____:____ Patient: _____ DOB: _____ Age: _____ Gender: _____ Wt: _____

Begin Time Parent: _____ Home Tel: (____) _____ - _____ Work/Cell: (____) _____ - _____

Comments: _____

Case Length Deposit: Amount \$ _____ Payment Method: Cash Check Care Credit Credit Card Other _____

_____:____ Credit Card #: _____ - _____ - _____ Exp. Date: ____/____/____ 3-digit code (on back; required): _____

Hrs. Mins. Name on Card: _____ Card Type: VISA/MC AMEX DISC Other _____
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Comments: _____

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(Procedure + 45 min)

Billing Address (Required): _____ Zip: _____

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Begin Time Parent: _____ Home Tel: (____) _____ - _____ Work/Cell: (____) _____ - _____

Comments: _____

Case Length Deposit: Amount \$ _____ Payment Method: Cash Check Care Credit Credit Card Other _____

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(Procedure + 45 min)

Billing Address (Required): _____ Zip: _____

! Medical Alerts ! No Yes _____