



Congratulations! You have taken the first step in joining our Cumberland family! We know you have many choices when it comes to your family’s oral health, and we are so happy that you chose us!

And now, for the not so fun part: paperwork. No one likes paperwork, but we try to make it as simple as possible. We have attached all our new patient forms in PDF format so that you can fill it out on your computer or mobile device! (To fill these forms out on your iPhone or Android device, we recommend you install the free [Adobe Fill & Sign app](#).)

Once you’ve completed your paperwork, there are several ways to get it back to us. You can print the forms and bring them with you to your appointment, or send them digitally back to us ahead of time using your preferred method below:

Location	Email	Fax
Clarksville	clarksville@cumberlandsmls.com	931-221-0052
Cookeville	cookeville@cumberlandsmls.com	931-854-1706
Columbia	columbia@cumberlandsmls.com	931-505-8118
Lawrenceburg	lawrenceburg@cumberlandsmls.com	931-766-6920
Murfreesboro	murfreesboro@cumberlandsmls.com	615-203-3896
Smyrna	smyrna@cumberlandsmls.com	615-220-6116
White House	whitehouse@cumberlandsmls.com	615-672-7211

We hope you are enjoying your Cumberland experience so far. Please feel free to reach out to us with any questions or concerns at 615-930-3720. We can’t wait to meet your family soon!

Thank you, and have a beautiful day!

The Cumberland Pediatric Dentistry & Orthodontics Family



Meet the Patient

Patient Name: _____ Date of Birth: _____

Responsible Party Email: _____ Would you like to receive the CPDO newsletter? Yes No

Emergency Contact Information (please list someone that does not live with the child that is not listed anywhere else on this form)

Name: _____ Phone: _____ Relationship: _____

May we leave a message regarding your child's dental appointments and care on: home cell work

Is this your child's first dental visit? Yes No If No, please list the date of your child's last dental visit and the name of the dentist or clinic where the child was seen: _____

Has your child ever had a difficult time with dental treatment? Yes No If Yes, please explain: _____

Does your child have any harmful habits, such as thumb/finger/lip sucking, pacifier use, other? Yes No

If Yes, please explain: _____

Does your child have any of the following: toothache cavities bumped or broken teeth
crooked teeth jaw pain discolored teeth tooth sensitivity

Has your child ever received an orthodontic evaluation and/or orthodontic treatment in the past? Yes No

If Yes, please explain: _____

How did you hear about our office? *choose one

- | | |
|---|--|
| <input type="checkbox"/> Online Search | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Flyer or Postcard |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Drive By |
| <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Community Event: _____ | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> School Event: _____ | <input type="checkbox"/> Other: _____ |

Responsible Party Signature: _____ Date: _____



HIPAA Authorization

 Patient's Full Name Patient's Social Security Number

 Address Patient's Date of Birth

 City, State, Zip Phone #

It is okay for CPDO to contact me on my (select all that apply): phone # text email

I hereby authorize use or disclosure of protected health information about me or the patient as described below:

1. Cumberland Pediatric Dentistry and Orthodontics is authorized to use or disclose information about the patient listed above.
2. The following person(s) may receive disclosure of protected health information about the patient listed above:

Name	Phone #	Relationship to Patient
_____	_____	_____
_____	_____	_____

Name	Phone #	Relationship to Patient
_____	_____	_____

Name	Phone #	Relationship to Patient
_____	_____	_____

This authorization pertains to the following types of information (please check all the you consent to):

- All dental records
- Dental chart notes
- Dental images
- All dental records relating to a specific injury or condition
- Other: _____

Without indication here, no information about alcohol/substance abuse, HIV/AIDS, or mental health will be disclosed:

- This information CAN be released to those listed above
- This information CAN NOT be released to those listed above

3. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.
4. I may revoke this authorization by notifying Cumberland Pediatric Dentistry and Orthodontics in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
5. This authorization expires one (1) year from date of signing.
6. Federal and state laws permit a fee to be charged for the copying of patient records. This office reserves the right to charge this fee as it sees fit.

 Responsible Party Signature Date

 Relationship to Patient



Photo Likeness Consent

Patient's Name: _____ Date: _____

I consent and agree that Cumberland Pediatric Dentistry and Orthodontics, its employees, or agents have the right to take photographs exclusively for the purpose of advertising and multimedia purposes (such as social media, billboards, and/or printed advertisements).

I also understand that the photograph could or will be placed on display within the office. I further consent that my child's first name ONLY may be revealed therein or by descriptive text or commentary.

I release to Cumberland Pediatric Dentistry and Orthodontics, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market. I waive any rights, claims, or interest I may have to control the use of mine or my child's identity or likeness in whatever media used.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

- I DO consent to the terms listed above
- I DO NOT consent to the terms listed above

Responsible Party Signature: _____ Date: _____