

Jeffrey P. Fisher, DDS

"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: Dentist Name/City:		Day:	Dr. Fisher's Arrival Time:				
		Tel: ()				
Begin Time	Patient:						
	Comments:						
Case Length	Deposit: Amount \$ Pa	ayment Method:	Cash C	Check Ca	re Credit	Credit Card Other_	
Hrs. Mins. (Procedure + 45 min)	Credit Card #: Name on Card: Billing Address (Required): ! Medical Alerts ! \(\backsim \) No \(\backsim \) Y			Card Type:	VISA/MC	□ AMEX □ DISC Ot	her
:	Patient:		DOB:		Age:	Gender:	Wt:
Begin Time	Parent:Comments:					_ Work/Cell: ()	
Case Length Hrs. Mins. (Procedure + 45 min)	Deposit: Amount \$ Pace Credit Card #: Pace Credit Pace Card P	ayment Method:	Cash _	Check Ca	re Credit/	3-digit code (on ba AMEX DISC Ot Zip:	ck; required): her
	Patient: Parent: Comments:		DOB: Home Tel:	()	Age:	Gender:	Wt:
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Hrs. Mins. (Procedure + 45 min)	Credit Card #: Name on Card: Billing Address (Required): ! Medical Alerts! \(\bar{\text{N}} \) No \(\bar{\text{N}} \) Y			Card Type:	VISA/MC	AMEX DISC Ot	her
:	Patient:		DOB:		Age:	Gender:	Wt:
Begin Time	Parent:						
Case Length	Deposit: Amount \$ Pa	ayment Method:	□Cash □	Check Ca	re Credit	Credit Card Other_	
Hrs. Mins. (Procedure + 45 min)	Credit Card #: Name on Card: Billing Address (Required): ! Medical Alerts ! \[\bigcap \text{ No } \bigcap \]			Card Type:	VISA/MC	AMEX DISC Ot	her

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