

# Jeffrey D. Carl, DMD PC

---

3120 Pacific Place SW - P.O. Box 1986  
Albany, Oregon 97321

Telephone (541) 926-6089  
Fax: (541) 926-6196

Welcome to our practice! We appreciate your selection of our office to serve your dental needs. Our goal is to provide the very best possible dental care available for our patients. We are confident that your relationship with us will be pleasant.

Enclosed you will find a patient registration form, a health history form, our payment policy and a notice of privacy practices form to be filled out prior to coming in for your first appointment.

In order to complete your medical history information and insurance processing, please bring the following information with you to your first appointment.

Name(s) and dosage of any medication currently prescribed

Name(s) of employer(s)

Name of dental insurance company

Group and policy numbers

Social Security number or assigned ID number of policy holder

We recognize the importance of your personal schedule and will plan your appointment to effectively utilize your time. We look forward to meeting you.