



Locations

~Pensacola~
5075 Carpenter Creek Drive
Pensacola, FL 32503
Phone: 850-477-8482
Fax: 850-477-7604

~Crestview~
261 East Oakdale Avenue
Crestview, FL 32536
Phone: 850-683-0993

Check if preference

Email: mail@rawsonbraxton.net

- David W. Rawson, D.M.D.
- Mark T. Braxton, D.M.D.
- Anthony E. Chicola, D.M.D.

Today's Date: _____

Patient's Name: _____ Parent or Guardian (If under 18): _____

Referred to our office by (If you were given a referral slip, please bring this with you to your consultation): _____

Who is your general dentist: _____

Your address: _____

Home/Cell Phone: _____ Work phone: _____

Date of birth: _____

List any Medical or Dental Insurance you have: _____

(Note: We are not contracted with Medicaid or Medicare and cannot file a claim with them. We are also not a contracted insurance provider)

What does the patient need to be seen for?

- o Doctors Rawson, Braxton & Chicola strive to provide the best possible care for their patients. In order to give the most accurate diagnosis, we must have a *current* panoramic radiograph (x-ray) that meets the diagnostic needs of the oral surgeon that sees you. If the x-ray provided by your general dentist depicts the information needed by the oral surgeon, then other x-rays may not be necessary. Be advised, however, that the oral surgeon may require other x-rays (to include any CT scans) to give you the correct diagnosis and course of treatment options. In this case, the oral surgeon will gladly explain this to you at the time of your consultation.
- o The cost for your consultation and any x-rays taken are due to our office the same day of your visit, regardless of any insurance coverage you may have. As a courtesy to you, our office will gladly file a claim on your behalf with your insurance company and will reimburse you any overpayment once the claim is paid and our fees are settled. We accept cash, all major credit cards, and valid checks (no starter checks please). We also recommend CareCredit, a medical credit card program, that has helped many of our patients finance the treatment they need.

Below for Office Use Only

Date patient scheduled: _____ Time: _____ Doctor: _____ Scheduled by: _____

Paperwork Mailed: