

*Steven E. Hofstad, D.D.S.*  
*400 W Northern Lights Blvd, Suite 1*  
*Anchorage, AK 99503*

Welcome!

Thank you for choosing the dental office of Dr. Hofstad. We appreciate the opportunity to treat your dental concerns and provide you with excellent preventive and restorative care.

In order to start your treatment, our office needs a complete patient information consent form and health history. If you have any current dental X-rays from the last 6 months (or 3 years for panoramic X-rays), please let us know so that we do not duplicate your cost.

**Our office has a 24-hour cancellation policy for appointments.** Because we have set time aside in the doctor's schedule for your individualized care, it is important that you let us know before you miss an appointment. By accepting your insurance, we are reducing our customary fees. We always utilize our highest quality care, and we appreciate your cooperation by keeping all appointments. We will also do our best to stay on schedule, as we understand that your time is valuable.

If you have any questions regarding this form, please call our office at (907) 561-4082.

Sincerely,

Dr. Steve Hofstad and Staff

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Signature

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/ /  
Date