



Dr. Samir Sulieman & Dr. Shirin Amirfaiz
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As a patient of Cantrell Dental it is YOUR RESPONSIBILITY to INFORM this office if you have dental insurance coverage in addition to MEDICAID, DELTA DENTAL, MCNA, OR ANY OTHER INSURANCE CARRIERS. If you have dental coverage by more than one dental insurance company, it is insurance fraud if you do not share this information with this office.

Patient Signature: _____ Date: _____

or

Parent Signature: _____ Date: _____