

Patient Registration

Patient Information.

Today's Date: _____

First name: _____ Last Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext.: _____

E-mail: _____ ☐ I would like to receive correspondences via e-mail.

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: _____ Age: _____ Soc. Sec: _____

Patient is: ☐ Policy Holder ☐ Responsible party

Emg. #: _____ Name: _____

Referred By: _____

Previous Dentist: _____

Emergency Contact: _____

Emergency contact: _____

Responsible Party (if different than the patient)

First Name: _____ Last: _____ M. _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Ext.: _____

DOB: _____ Age: _____ Soc. Sec: _____

Employment Status: ☐ Employed ☐ Retired

X _____

Responsible Party Signature

Responsible Party (if different than above)

First Name: _____ Last: _____ M. _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Ext.: _____

DOB: _____ Age: _____ Soc. Sec: _____

Employment Status: ☐ Employed ☐ Retired

X _____

Responsible Party Signature

Primary Insurance Information:

Name of Insured: _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured So. Sec. _____ Insured Birth Date: _____

Employer: _____

Address: _____ City, State and Zip: _____

Ins. Company: _____ **(Please give your ID card to front desk)**

X _____

Policy Holder Signature

X _____

Date

Office use only

Max.: _____

Member Id: _____ Group #: _____

Effective Date: _____ Deductible: _____

Frequency: FMX _____ BW'X: _____ 4910: _____

Fillings: _____

More than 1 surface posterior composite @ amalgam fee?

Y _____ N _____

Secondary Insurance Information:

Name of Insured: _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured So. Sec. _____ Insured Birth Date: _____

Employer: _____

Address: _____ City, State and Zip: _____

Ins. Company: _____ **(Please give your ID card to front desk)**

X _____

Policy Holder Signature

X _____

Date