

**PATIENT REGISTRATION / PLEASE PRINT**

PATIENT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
First Name Last Name Middle Initial

Address \_\_\_\_\_ Home # \_\_\_\_\_

City State Zip Work # \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell # \_\_\_\_\_

Patient's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Sex: F M / Status: Child Single Married Divorced / Email: \_\_\_\_\_

Spouse's Name (or parent if minor) \_\_\_\_\_ Employer \_\_\_\_\_ Work/Cell # \_\_\_\_\_

**Who may we thank for referring you to our office?** \_\_\_\_\_

IN CASE OF EMERGENCY, LOCAL FRIEND OR RELATIVE TO BE NOTIFIED. (NOT LIVING AT SAME ADDRESS)

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

City State Zip Work/Cell # \_\_\_\_\_

**INSURANCE INFORMATION**

**ADDITIONAL INSURANCE**

Do you have **Dental** Insurance? Yes No

Do you have additional **Dental** Insurance? Yes No

If you circled Yes, please answer the following questions:

If you circled Yes, please answer the following questions:

Subscriber's Name  
(Name of Ins. Policy Holder) \_\_\_\_\_

Subscriber's Name  
(Name of Ins. Policy Holder) \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_ DOB \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_ DOB \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Group# \_\_\_\_\_

Patient's relationship to subscriber: Self Spouse Child

Patient's relationship to subscriber: Self Spouse Child

Insurance Company Name \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

City State Zip

I accept financial responsibility for my dental treatment or treatment of above patient (if minor).

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Our office is committed to meeting and exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

Thank you for filling out this form completely. It will help us to help you more effectively.

If you have any questions, please ask us. We are happy to help.

