Patient Registration

TODAY'S DATE _____

ID: _____ Chart ID: _____

First Name _____ **Last Name** _____ **Middle Initial** _____

Other Dentists if applicable _____

Other Physician Name _____

Whom may we thank for referring you to our practice? _____

_____

Responsible Party (If someone other than the patient)

First Name _____ Last Name _____ Middle Initial _____

Street Address _____

City, State, Zip _____

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

Birth Date _____ Soc Sec # _____ Driver License _____

Patient Information

Street Address _____

City, State, Zip _____

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

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date _____ Soc Sec # _____ Driver License _____

E-mail _____ Spouse Name _____

Occupation _____ Employer Name _____

Employment Status ☐ Full Time ☐ Part Time ☐ Retired Height Feet _____ Inches _____

Student Status ☐ Full Time ☐ Part Time Weight _____

Medicaid ID _____ Preferred Dentist _____

Employer ID _____ Preferred Pharmacy _____

Carrier ID _____ Preferred Hygienist _____

INSURANCE INFORMATION

Primary Insurance Information

First Name of Insured _____ Last Name _____ Middle Initial _____

Policy/Group No.. _____

Insurance ID No. _____

Insured Soc Sec No. _____ Insured Birth Date _____

Relationship to insured ☐ Self ☐ Spouse ☐ Child ☐ Other

Employer _____

Insured Address if different than patient's

Street Address _____

City, State, Zip _____

Ins. Company _____

Street Address _____

_____

City, State, Zip _____

Telephone _____

Secondary Insurance Information

First Name of Insured _____ Last Name _____ Middle Initial _____

Policy/Group No. _____

Insurance ID No. _____

Insured Soc Sec No. _____

Relationship to insured ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured Birth Date _____

Employer _____

Insured Address if different than patient's

Street Address _____

City, State, Zip _____

Ins. Company _____

Street Address _____

_____

City, State, Zip _____

Telephone _____