



PATIENT REGISTRATION

Date _____

Patient Name _____ Preferred Name _____
First Middle Last

Birthdate _____ Age _____ Male Female

Address: _____ City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

What is the preferred way to contact you? Home phone Cell Phone Work Phone Email
If you have a cell phone, would you like to receive text messages regarding future appointments? YES NO
If you have an email address, would you like to receive emails regarding future appointments? YES NO

Employer _____ Occupation _____

Employer Address _____ Social Security Number _____

Marital Status:
 Single Married Widowed Divorced Separated Partnered

Spouse or Partner name: _____ Other family members _____

Is the patient a minor child? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please fill out the following information:
Mother's Name _____	Father's Name _____
Occupation/ Employer _____	Occupation/Employer _____
Social Security # _____	Social Security # _____
Phone number _____	Phone number _____

How did you hear about our office? Insurance website Human resources Angie's List Facebook
 Our website Web search Friend/family. If so, whom may we thank? _____

DENTAL INSURANCE Do you have dental insurance? YES NO

Insurance Information

Subscriber's Name _____
Subscriber's SS# or ID# _____
Subscriber's Birthdate _____
Insurance Company _____
Group # _____
Effective date of coverage _____
Subscriber's Employer _____
Relationship to subscriber Self Spouse Child

Do you have a secondary dental insurance plan? YES NO

Subscriber's Name _____
Subscriber's SS# or ID# _____
Subscriber's Birthdate _____
Insurance Company _____
Group # _____
Effective date of coverage _____
Subscriber's Employer _____
Relationship to subscriber Self Spouse Child

Assignment and Release: I authorize the dentist or insurance company to release any information required for payment or review of this claim. I hear by authorize my insurance benefits to be paid directly to the dentist and I am financially responsible for any balance due.

Signed _____