PATIENT REGISTRATION FORM

(This information is necessary for our files and your health and will be considered CONFIDENTIAL)

Patient Information

Patient's Last Name _____ Mr. Dr. Mrs. Ms. Miss ○ ○ ○ ○ ○ First _____ Middle Initial _____

Res. Tel.: ( ) _____ Bus. Tel.: ( ) _____ Birthdate _____ Age _____

Social Security No. _____ Driver's License No. _____

Home Address: _____ City: _____ Zip: _____ How Long? _____

Patient's Employer _____ Occupation _____ Years at Firm _____

Employer's Address _____ City _____ Zip _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN TREATED AT THIS OFFICE? ☐ YES ☐ NO ☐ DON'T KNOW

Whom May We Thank for Referring You? _____

Previous Address if less than 3 years at Current Address _____

Nearest Relative Not Living with You _____ Relationship _____ Res. Tel.: ( ) _____

Name _____

Street _____ City _____ Zip _____

FINANCIAL INFORMATION

Person responsible _____ Relationship _____

Address _____

Occupation _____ Years with firm: _____

Res. Tel.: ( ) _____

Employer _____ Bus. Tel.: ( ) _____

Employer's Address _____ City _____ Zip _____

SOC. SEC. # _____ DRIVERS LICENSE # _____ BANK _____ BANK ACCT. # _____

SPOUSE/PATIENT INFORMATION

SPOUSE OR PARENT _____ Birth Date _____

Social Security Number _____ Driver's License No. _____ Years with firm: _____

Employer _____ Occupation _____ Bus. Tel.: ( ) _____ Ext.: _____

Employer's Address _____ City _____ Zip. _____

PATIENTS WITH DENTAL INSURANCE

SPOUSE OR PARENT _____ Soc. Sec. No.: _____ Local: _____

Employer _____

Name of Union: _____ Name of Plan: _____ Plan No.: _____

How much is your deductible? _____ How much, if any, have you satisfied? $ _____ Did you bring your Insurance Form? ☐ Yes ☐ No

Did your spouse also have dental insurance? _____ If yes, please give us the following:

Spouse's Name of Union: _____ Name of Plan: _____ Plan No.: _____

Employer _____

If Patient is a Student — Name of School _____

Name of Physician _____ Phone ( ) _____

Address _____ City _____ Zip _____

Former Dentist _____ Phone ( ) _____

Address _____ City _____ Zip _____

IN CASE OF EMERG. CALL _____ Relationship _____ Res. Tel.: ( ) _____

Address _____ City _____ Bus. Tel.: ( ) _____

Signature _____ Date _____

(Complete Both Sides)