

TODAY'S DATE \_\_\_\_\_

# PATIENT REGISTRATION

## PATIENT INFORMATION

PATIENT'S FIRST NAME			INITIAL	LAST NAME		PREFERS TO BE CALLED	
ADDRESS						BIRTHDATE	AGE
CITY		STATE		ZIP		<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED
						<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE
HOME PHONE		CELL PHONE		WORK PHONE		SOCIAL SECURITY NUMBER	
EMAIL						DRIVER LICENSE NUMBER	

<b>IF PATIENT IS A MINOR, PLEASE PROVIDE</b>	PARENT/LEGAL GUARDIAN NAME			RELATIONSHIP			
	ADDRESS			CITY		STATE	ZIP
HOME PHONE		CELL PHONE		WORK PHONE		EMAIL	
WITH WHOM DOES THE CHILD RESIDE?						SOCIAL SECURITY NUMBER	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER _____							

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT PERSON		PHONE NUMBER		RELATIONSHIP	
ADDRESS			CITY		STATE      ZIP
NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU		PHONE NUMBER		RELATIONSHIP	
ADDRESS			CITY		STATE      ZIP

## THE BIGGEST COMPLIMENT OUR PATIENTS CAN GIVE US IS THE REFERRAL OF THEIR FAMILY AND FRIENDS...

WHOM MAY WE THANK FOR REFERRING YOU?			ARE THEY A PATIENT HERE?		
OTHER					
<input type="checkbox"/> BUILDING SIGN		<input type="checkbox"/> MAILER/ADVERTISEMENT		<input type="checkbox"/> ACCESS DENTAL WEBSITE	
<input type="checkbox"/> INSURANCE COMPANY		<input type="checkbox"/> YELLOW PAGES		<input type="checkbox"/> _____	

## IF YOU HAVE DENTAL INSURANCE, PLEASE PROVIDE

PRIMARY CARRIER	
INSURANCE COMPANY NAME	INSURANCE PHONE
EMPLOYER NAME	EMPLOYER PHONE
INSURED NAME	
BIRTH DATE	RELATIONSHIP TO PATIENT
INSURED INSURANCE I.D. NUMBER	GROUP NUMBER
INSURED SOCIAL SECURITY	
IF STUDENT, COLLEGE NAME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME

SECONDARY CARRIER	
INSURANCE COMPANY NAME	INSURANCE PHONE
EMPLOYER NAME	EMPLOYER PHONE
INSURED NAME	
BIRTH DATE	RELATIONSHIP TO PATIENT
INSURED INSURANCE I.D. NUMBER	GROUP NUMBER
INSURED SOCIAL SECURITY	
IF STUDENT, COLLEGE NAME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME