

# PATIENT REGISTRATION

## PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname \_\_\_\_\_ Patient Is: Policy Holder \_\_\_\_\_ Responsible Party \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_ (Circle Primary Phone)

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Significant Other \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Referred by \_\_\_\_\_

Employment Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Employer \_\_\_\_\_

College Student Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

School Name and Address \_\_\_\_\_

## RESPONSIBLE PARTY (if someone other than the patient)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_ Pager \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\_\_\_\_\_ Responsible Party is also a Policy Holder for Patient \_\_\_\_\_ Primary Insurance Policy Holder \_\_\_\_\_ Secondary Insurance Policy Holder

## INSURANCE INFORMATION

### Primary Dental Information

Name of Insured \_\_\_\_\_ Relationship to Insured : Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

Insured Soc. Sec. \_\_\_\_\_ Insured Birth Date \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Ins. Company \_\_\_\_\_ Address \_\_\_\_\_

### Secondary Dental Information

Name of Insured \_\_\_\_\_ Relationship to Insured : Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

Insured Soc. Sec. \_\_\_\_\_ Insured Birth Date \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Ins. Company \_\_\_\_\_ Address \_\_\_\_\_