PATIENT REGISTRATION

DATE ___________

Patient Information

First Name ______________ Middle Initial ______ Last Name ______________
Address ______________________ Preferred Name ______________
City, State, Zip ______________________ E-Mail ______________
Hm Phone# ____________ Wk Phone# ____________ Cell Phone# ____________
Date of Birth ____________ Social Security # ____________ Drivers Lic # ____________
Sex: ○ Male ○ Female

Responsible Party

First Name ______________ Middle Initial ______ Last Name ______________
Address ______________________ Sex: ○ Male ○ Female
City, State, Zip ______________________ E-Mail ______________
Hm Phone# ____________ Wk Phone# ____________ Cell Phone# ____________
Date of Birth ____________ Social Security # ____________ Drivers Lic # ____________
Marital Status: ○ Married ○ Single ○ Divorced ○ Widowed

Spouses Name ______________________________
Hm Phone# ____________ Wk Phone# ____________ Cell Phone# ____________
Date of Birth ____________ Social Security # ____________ Drivers Lic # ____________

Primary Insurance Information

Name of Insured ______________ Social Security# ______________ Date of Birth ______________
Patient relationship to insured: Self Spouse Child Other
Employer Name ______________ Insurance Co. Name ______________
Address ______________ Address ______________
City, State, Zip ______________ City, State, Zip ______________
GROUP # ____________ **MEMBER ID#** ____________

Secondary Insurance Information

Name of Insured ______________ Social Security# ______________ Date of Birth ______________
Patient relationship to insured: Self Spouse Child Other
Employer Name ______________ Insurance Co. Name ______________
Address ______________ Address ______________
City, State, Zip ______________ City, State, Zip ______________
GROUP # ____________ **MEMBER ID#** ____________

Emergency Contact: **NOT LIVING IN SAME HOUSE**

Name ______________________________
Phone # ______________ Relationship to Patient ______________

How did you choose Dental Professionals? ______________________________

If by referral, who can we thank? ______________________________