

PATIENT REGISTRATION

Patient First Name: _____ Last Name: _____ Middle Initial: _____

Patient Is: Insurance Policy Holder Responsible Party (Check as applicable) Preferred Name: _____

Responsible Party (if someone other than the patient)

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext.: _____ Cell Phone: _____

Birth Date: _____ Social Security No.: _____ Driver's License No.: _____

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

Patient Information – Patient Section One

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext.: _____ Cell Phone: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birth Date: _____ Age: _____ Social Security No.: _____ Driver's License No.: _____

E-Mail Address: _____ I would like to receive correspondence via e-mail

Patient Section Two

Patient Section Three

Employment Status: Full Time Part Time Retired

Student Status: Full Time Part Time

Pref. Dentist: Dr. Young

Employer I.D. _____ Pref Pharmacy _____

Carrier I.D. _____ Pref Hygienist _____

Additional Comments:

Primary Insurance Information

Name of Person with Insurance Policy: _____ Birth date: _____ SSN: _____

This person's relationship to the patient: I am the Patient I am Patient's Spouse I am the Patient's Parent/Guardian Other

Employer: _____

Insurance Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Secondary Insurance Information

Name of Person with Insurance Policy: _____ Birth date: _____ SSN: _____

This person's relationship to the patient: I am the Patient I am Patient's Spouse I am the Patient's Parent/Guardian Other

Employer: _____

Insurance Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____