

# PATIENT REGISTRATION

PATIENT'S NAME \_\_\_\_\_ Name You Prefer to Be Called \_\_\_\_\_  
Last First Middle  
 Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

If the patient is a minor, give the parent's/guardian's name \_\_\_\_\_  
Last First Middle

If the patient is a child age 19 or older: Full time student  yes  no  School attending \_\_\_\_\_ Year \_\_\_\_\_

Resident Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Previous Address \_\_\_\_\_  
Street City Zip

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long employed? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City Zip

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long employed? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City Zip

Children Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

(Dependents) Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT (other than spouse, parent or child):**

Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

**RESPONSIBLE PARTY**

Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long employed? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City Zip

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? \_\_\_\_\_

DENTAL INSURANCE	ADDITIONAL DENTAL INSURANCE
Company _____	Company _____
Subscriber's Name _____	Subscriber's Name _____
Relation to Patient _____ Eff. Date _____	Relation to Patient _____ Eff. Date _____
Social Security Number _____ Birthdate _____	Social Security Number _____ Birthdate _____
Group Number _____ Local Number _____	Group Number _____ Local Number _____

Signature \_\_\_\_\_ Date \_\_\_\_\_