



Fleischmann Family Dentistry
 1010 Depot Hill Rd # 201
 Broomfield, CO 80020
 (303) 465-2341

PATIENT REGISTRATION
 (PLEASE PRINT CLEARLY)

DATE _____

Patients Name _____ Name you prefer to be called _____
LAST FIRST MIDDLE

Home Address _____ HOME PHONE _____
& STREET CITY STATE ZIP

Social Security # _____ Birthdate _____ Age _____ Sex M F

Status: Minor (under 18 years of age) Single Married Divorced Widowed

If Child, Father's Name _____ Social Security # _____
LAST FIRST MIDDLE

Mother's Name _____ Social Security # _____
LAST FIRST MIDDLE

Name of Spouse _____ Social Security # _____
LAST FIRST MIDDLE

Children in Family (names & ages) _____

Have you ever been a patient of ours? Yes No Has any member of your family ever been a patient of ours? Yes No

Occupation (or school) _____ (grade) _____

Patient/Parent Employed by _____ How Long? _____

Work Address _____ Work Phone _____

Spouse Occupation _____ Employed by _____ How Long? _____

Spouse's Work Address _____ Work Phone _____

Person Financially Responsible for Account _____
(NOT INSURANCE COMPANY) FULL NAME DRIVERS LICENCE # HOME PHONE

Billing Address _____ ZIP _____
& STREET CITY STATE

Employed by _____ WORK PHONE _____
BUSINESS OR COMPANY POSITION HELD HOW LONG?

Who may we thank for referring you to our office? _____

Should we have a change in schedule, would you like to be called to take an appointment with short notice to expedite your treatment? YES NO

IN CASE OF AN EMERGENCY CONTACT

Nearest friend or relative _____ WORK PHONE _____ HOME PHONE _____
(not living with you) FULL NAME RELATIONSHIP

Address _____ ZIP _____
& STREET CITY STATE

DENTAL INSURANCE INFORMATION

FIRST COVERAGE

SECOND COVERAGE

Employee Name _____ Employee Name _____

Employee Date of Birth _____ Employee Date of Birth _____

Employer _____ # Years _____ Employer _____ # Years _____

Name of Ins. Co. _____ Name of Ins. Co. _____

Ins. Co. Address _____ Ins. Co. Address _____

Ins. Co. Phone # _____ Ins. Co. Phone # _____

Policy # _____ Policy # _____

Employee Social Security # _____ Employee Social Security # _____