Patient Registration Form

First Name: ___________________ Last Name:_______________ Middle Initial: _______

Preferred Name: _____________________________________

Patient is: □ Responsible Party □ Policy Holder

Responsible Party: (if someone other than the patient)

First Name: ______________________ Last Name: _________________ Middle Initial: _____

Address: ______________________________ Address 2: ________________________________

City, State, Zip: ____

Home Phone: ____________________ Work Phone: ________________________

Cell Phone: ________________________________

Birth date: ________________________ Social Security #: _________________________

Driver's License #: ____

○ Responsible Party is Policy Holder for Patient ○ Primary Policy Holder

Patient Information:

Address: ________________________________ Address 2: ____________________________

City, State, Zip: ____

Home Phone: _____________________ Work Phone: _______________________

Cell Phone: _________________________

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

Birth date: ____________________ Social Security #: ________________________

Driver's License #: ____

E-mail: ______________________________________

○ I would like to receive text correspondences □ I would like to receive email correspondences

Patient Information (section 2):

Employment Status: ○ Full Time ○ Part Time ○ Self Employed ○ Retired ○ Unemployed

Student Status: ○Full Time ○ Part Time

Preferred Dentist: ____________________________ Preferred Hygienist: __________________________

Preferred Pharmacy: ____

Referred By: ____

Medicaid ID: ____

Primary Insurance Information:

Name of Insured: ____

Relationship to Insured: ○Self ○Spouse ○Child ○ Other

Employer ID: _________________________________ Carrier ID: ____

Insured Social Security #: ______________________________ Insured Birth date: __________________________

Employer: ___________________________________Insurance Company: ________________________________

Address:___________________________________ Address: ____

Address 2: _________________________________ Address 2: ____

City, State, Zip: _____________________________ City, State, Zip: _____________________________________