

# PATIENT REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Patient is:  Responsible Party  Policy Holder

**Responsible Party:** (if someone other than patient)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN #: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

Responsible Party is Policy Holder for Patient: **Y / N**  Primary Policy Holder  Secondary Policy Holder

**Patient Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_  Married  Single  Divorced  Separated  Widowed

Birth Date: \_\_\_\_\_ SSN #: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

E-mail \_\_\_\_\_ I would like to receive email correspondence

**Patient Information (section 2):**

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

Preferred Dentist: \_\_\_\_\_ Preferred Hygienist: \_\_\_\_\_ Preferred Pharmacy: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Primary Ins Information:**

Name of Insured : \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Employer ID: \_\_\_\_\_ Carrier ID: \_\_\_\_\_

Insured SSN # \_\_\_\_\_ Insured Birthdate : \_\_\_\_\_

Employer: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Primary Ins Information:**

Policy Holder : \_\_\_\_\_ Relationship to Insured: \_\_\_ Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Other

Employer ID: \_\_\_\_\_ Carrier ID: \_\_\_\_\_

Insured SSN # \_\_\_\_\_ Insured Birthdate : \_\_\_\_\_

Employer: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_