DRS. PERRY & TYLER, FAMILY & COSMETIC DENTISTRY PATIENT REGISTRATION

190 San Marin Drive, Suite A, Novato, CA 94945 Date_____

PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

PATIENT'S NAME SPOUSE

ADDRESS CITY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

E-MAIL ADDRESS

BIRTHDATE AGE MALE O FEMALE O

MARRIED O SINGLE O DIVORCED O WIDOWED O CHILD O

SOCIAL SECURITY NUMBER

(IF PATIENT IS A CHILD, PLEASE COMPLETE THE FOLLOWING)

PARENT/GUARDIAN'S NAME

ADDRESS CITY STATE ZIP

DENTAL INSURANCE

PRIMARY INSURANCE COMPANY GROUP #

EMPLOYEE NAME DATE OF BIRTH DATE EMPLOYED

UNION OR LOCAL NUMBER EMPLOYEE SOCIAL SECURITY #

SECONDARY INSURANCE COMPANY (IF APPLICABLE) GROUP #

EMPLOYEE NAME DATE OF BIRTH DATE EMPLOYED

UNION OR LOCAL NUMBER EMPLOYEE SOCIAL SECURITY #

ACCOUNT INFORMATION (PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT)

NAME RELATIONSHIP TO PATIENT

ADDRESS CITY STATE ZIP PHONE #

OCCUPATION EMPLOYER

BUSINESS ADDRESS CITY STATE ZIP PHONE #

SPOUSE'S NAME

OCCUPATION EMPLOYER

BUSINESS ADDRESS CITY STATE ZIP PHONE #

PATIENT INFORMATION

REFERRED TO US BY EMERGENCY CONTACT PERSON PHONE #

ADDRESS CITY STATE ZIP

CLOSEST RELATIVE NOT LIVING WITH YOU PHONE #

ADDRESS CITY STATE ZIP

CONSENT FOR TREATMENT

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of patients dental needs
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of local anesthetics, sedatives, and other medication as necessary. I fully understand that using local anesthetics embodies certain risks. I understand that I can ask for a complete recital of any possible complications
4. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand a 1-1/2 late charge (18% APR) may be added to my account

PARENT OR RESPONSIBLE PARTY DATE

(SIGNATURE)