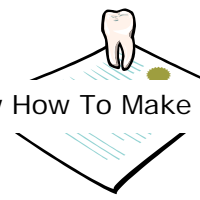


Dr. Andy Friedman DMD

Patient Registration

We Know How To Make You Smile



First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Patient is Policy Holder Responsible Party

PATIENT INFORMATION

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Male Female Marital Status: Married Single Divorced Separated Widowed

Date of Birth: _____ Soc. Sec. No.: _____ Driver's License: _____

E-mail _____ I would like to receive e-mail

Preferred Pharmacy _____

Responsible Party (if someone other than patient)

First Name _____ Last Name _____ Middle Initial _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell _____

Date of Birth _____ Soc. Sec. No. _____ Driver's License _____

Responsible Party is also Policy Holder for Patient

Employment Status: Full time Part time Retired

Student Status: Full time Part Time Name and Location of School _____

Primary Dental Insurance Information

Name of Insured _____

Relationship to Patient: Self Spouse Child Other

Insured Soc Sec: _____ Insured Date Birth _____

Employer _____

Address _____

City, State, Zip _____

Dental Insurance Company

Name _____

Address _____

City _____

State, Zip _____

Phone _____ Group# _____

Carrier ID# _____

Previous Dentist _____

Date and reason for your last dental visit _____

x-rays taken ___yes ___no

The primary reason for your visit today is: _____

How often do you brush? _____

Floss? _____ Visit the Dentist? _____

Please circle if you have experienced:

Sore or sensitive teeth Bleeding Gums

The habit of grinding or clenching

Orthodontic Treatment Periodontal Treatment

Dental Anxiety Reaction to Novocain

Difficulty Chewing Wisdom Teeth Extracted

Sores on lips/mouth that are slow to heal

How did you hear about our Office?
(please include names)

Relative _____

Friend _____

Staff Member _____

Professional Referral _____

___ Yellow Pages ___ Web Site ___ Other

___ Welcome Wagon

Did you select our office because of:

___ Hours ___ Location ___ Reputation

___ Other _____