



Registration Form

PERSONAL INFORMATION

Name \_\_\_\_\_, \_\_\_\_\_ Gender: M [ ] F [ ]
Last Name First Name Middle I Preferred

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN# \_\_\_\_\_ Marital Status: S [ ] M [ ] D [ ]
xx/xx/xxxx xxx-xx-xxxx

Wireless Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
(xxx)xxx-xxxx (xxx)xxx-xxxx

E-mail \_\_\_\_\_ Preferred Contact Method [ ] Cell Phone [ ] Home Phone [ ] E-mail

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employers Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation: \_\_\_\_\_
(xxx)xxx-xxxx

How did you hear from us?

(If someone referred you to us, please let us know their name so we can thank them.)

INSURANCE INFORMATION

Relationship to subscriber: Self [ ] Spouse [ ] [ ] Child [ ] Other

Subscriber Name \_\_\_\_\_ Subscriber ID# (SSN#) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

If available, please present insurance card to receptionist along with proper identification (i.e. drivers' license).

I do not have dental insurance [ ]

EMERGENCY CONTACT

Person to notify in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

PARENT/ GUARDIAN INFORMATION

If the patient is under the age of 18, a parent or guardian needs to be present. Proper identification needs to be presented to verify the patient/guardian relationship. If the parent/guardian can not be present at the time of the visit, you may request a release form from our front desk to fill out by the parent/guardian of the minor giving you authorization to sing consent forms on their behalf.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date