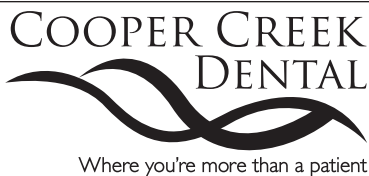


Shelly McAvoy, DMD

8460 Cooper Creek Blvd., Ste. 103
University Park, Florida 34201



Ann Mooney, DMD

Phone: 941-366-1010
www.coopercreekdental.com

PATIENT REGISTRATION

First Name _____ Last Name _____ Middle Initial _____

Patient is: Policy Holder Responsible Party Preferred Name _____

PATIENT INFORMATION

Address _____ City _____ State _____ Zip _____

Address 2 _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext _____

Cell Phone _____ Email _____

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

Birth Date _____ SS# _____ Driver's Lic. _____

How would like us to contact you regarding confirmations, appointment reminders, etc. Text Email Phone

Whom may we thank for this referral? _____

EMERGENCY CONTACT

Name _____ Contact # _____

HIPPA RELEASE

Dental information may be released or shared with the following individual(s) _____

Please ask our receptionist if you would like a copy of HIPPA.

RESPONSIBLE PARTY (If other than patient)

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Address 2 _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext _____ Cell _____

Birth Date _____ SS# _____ Driver's Lic. _____

PRIMARY INSURANCE INFORMATION

Name of Insured _____ Relationship to Insured: Self Spouse Child Other

Insured SS# _____ Insured Birth Date _____

Employer _____

Ins. Company _____

Address _____

Address _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____