

**PATIENT REGISTRATION FORM**

<b>Patient Name:</b> First _____ Last _____	
<b>Date of Birth:</b> _____ <b>Social Security#</b> _____	
<b>Marital Status:</b> Single    Married    Divorced    Widowed    _____ <b>Male/ Female</b>	
<b>Address of patient:</b> _____	
<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____	
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____	
<b>E-Mail Address:</b> _____ <b>Would you like to receive E-Mail correspondences?</b> Y   N	
<b>Patient Employer:</b> _____	
<b>Patient Employment Status:</b> Full Time   Part Time   Retired	
<b>Patient Student Status:</b> Full Time   Part Time   If College Student, Name of College: _____	

**Patient is:**    Responsible party for account                      Yes    No  
                  Policyholder for dental insurance                      Yes    No

<b>Name of person responsible for bill:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____	
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____	
<b>Date of Birth:</b> _____ <b>Social Security #:</b> _____	
<b>Name Of Employer:</b> _____	
<b>Employer's Address:</b> _____	

**Emergency Contact:** \_\_\_\_\_  
**Emergency Contact Number:** \_\_\_\_\_

<b>Primary Dental Insurance Information:</b>	
<b>Name of Insured:</b> _____ <b>Patient's Relationship to Insured:</b> _____	
<b>Insured Soc. Sec. or ID#:</b> _____ <b>Insured Birth Date:</b> _____	
<b>Employer:</b> _____	<b>Ins. Company:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Address 2:</b> _____	<b>Address 2:</b> _____
<b>City,State,Zip:</b> _____	<b>City,State,Zip:</b> _____

<b>Secondary Dental Insurance:</b>	
<b>Name of Insured:</b> _____ <b>Patient's Relationship to Insured:</b> _____	
<b>Insured Soc. Sec. or ID #(if different):</b> _____ <b>Insured Birth Date:</b> _____	
<b>Employer:</b> _____	<b>Ins. Company:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Address 2:</b> _____	<b>Address 2:</b> _____
<b>City,State,Zip:</b> _____	<b>City,State,Zip:</b> _____