PATIENT REGISTRATION

Account #________________

Patient Name ____ Birth Date ____/____/______

Patient's Mailing Address ______________________________ Home Phone_________________

City ________________________ State ____ Zip__________ Work Phone_________________

Patient's E-Mail _______________________________________ Cell Phone __________________

SSN:_____-_____-_______ Sex: M / F Marital Status:______________________________

Patient's Dentist ______________________Whom may we thank for this referral? ___________

Patient's main concern ____

Responsible Party (if Patient is a minor)

Name ____ Relationship to Patient ____________
SSN _____-_____-_________ Other Parent: _____________________________________
Mailing Address _________________________________ Home Phone ______________________
City ______________________ State ____ Zip_________ Work Phone ______________________
How long at this address? ________________________ Cell phone _______________________
Marital Status: Single Married Separated Divorced Domestic Partner Widowed
Employer ______________________ Occupation _____________________ How long? _________

Orthodontic Insurance Information

Insurance #1___________________________
Subscriber's Name______________________
DOB ___/___/____ SSN____-____-_____
Group # __________ I.D. # _____________
Insurance Phone Number ________________
PT's relationship to Subscriber: ___________
Subscriber's Employer __________________
____

Insurance #2___________________________
Subscriber's Name______________________
DOB ___/___/____ SSN____-____-_____
Group # __________ I.D. # _____________
Insurance Phone Number________________
PT's relationship to Subscriber: ___________
Subscriber's Employer __________________
____

Emergency Contact (Person not living with Patient)

Name____
Address ____ Home Phone __________________
Relationship to Patient __________________________________ Work phone ________________

The information that I have given is correct to the best of my knowledge.

Signature____ Date _____/______/_____