

PATIENT REGISTRATION

Patient Name _____ Phone Number _____ Cell Phone/Pager _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Employer _____
Business Address _____ Business Phone Number _____ Ext. _____
Social Security Number _____ Date of Birth _____

PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT (Skip if same as above)

Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Employer _____
Business Address _____ Business Phone Number _____ Ext. _____
Social Security Number _____ Relationship to Patient _____

YOUR SPOUSE

Name _____ Business Phone Number _____
Occupation _____ Employer _____ Social Security Number _____
Business Address _____ City _____ State _____ Zip _____

DENTAL INSURANCE

Primary Carrier

Employee _____ Employer _____
Insurance Company _____ Group Number _____
Social Security Number _____ Date of Birth _____

Secondary Carrier

Employee _____ Employer _____
Insurance Company _____ Group Number _____
Social Security Number _____ Date of Birth _____

GETTING TO KNOW YOU

Whom may we thank for referring you to our office? _____

Is another member of your family or relative a patient at our office?

Name _____ Relationship _____

Person to contact for emergency

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Closest relative not living with you

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

CONSENT FOR TREATMENT/FINANCIAL RESPONSIBILITY: This is to certify that I, Undersigned: (1) Consent to the performing of the Dental Procedures agreed to be necessary or advisable, including the use of local anesthetic as indicated: (2) Consent to releasing information to my insurance company: (3) Agree to pay the fees associated with the dental procedures, including the award of reasonable costs and attorney's fees, at trial and on appeal, as determined by the court for the legal efforts necessary to obtain the fees.

Signature of Patient (or guardian if minor) _____ Date _____