PATIENT REGISTRATION

ID:_____ **Chart ID**:_____

First Name: _____ **Middle Initial**: _____ **Last Name**:_____

Preferred Name: _____ **Patient is**: ☐ Policy Holder ☐ Responsible Party

Responsible Party (if someone other than the patient)

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Address (2): _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____ Cell: _____

Gender: ☐ Male ☐ Female Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: _____ Age: _____ Soc. Sec: _____ Drivers Lic: _____

☐ Responsible Party is also a Policy Holder for Patient ☐ Primary Insurance Policy Holder ☐ Secondary Insurance Policy Holder

Patient Information

Address: _____ Address (2): _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____ Cell: _____

Gender: ☐ Male ☐ Female Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: _____ Age: _____ Soc. Sec: _____ Drivers Lic: _____

Email: _____ ☐ *I would like to receive correspondences via email*

Section 2

Employment status: ☐ Full Time ☐ Part Time ☐ Retired

Student Status: ☐ Full Time ☐ Part Time

Medicaid ID: _____ Pref. Dentist _____

Employer ID: _____ Pref. Pharmacy: _____

Section 3

Referred By: _____

Previous Dentist: _____

Emergency Contact: _____

Emergency Contact #: _____

Primary Insurance Information

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

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Address: _____ Address 2: _____

City, State, Zip: _____ Rem Benefits: _____ .00 Rem. Deduct: _____.00

Ins. Company: _____ Address: _____

Address 2: _____ City, State, Zip: _____

Secondary Insurance Information

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

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Address: _____ Address 2: _____

City, State, Zip: _____ Rem Benefits: _____ .00 Rem. Deduct: _____.00

Ins. Company: _____ Address: _____

Address 2: _____ City, State, Zip: _____