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Welcome to our practice

Patient Registration

Patient's Name: Last, First, Middle	Date of Birth	Sex ☐ Male ☐ Female	Social Security No. - -
Prefers to be called by:	Patient's Address: Street, Apt No., City, State, Zip Code		
Email	Home Phone ( ) -	Cell Phone ( ) -	
Marital Status ☐ M ☐ S ☐ D ☐ W ☐ Under 18	Patient's/Guardian's Employer	Occupation	
Work Address: Street, City, State, Zip Code	Work Phone ( ) -	Ok to Call Work ☐ Yes ☐ No	
Spouse's Name: Last, First, Middle	Cell Phone ( ) -	Work Phone ( ) -	Ok to Call Work ☐ Yes ☐ No
Person We can Contact in Case of Emergency (Outside of home) Name Relationship	Cell No. ( ) -	Work No. ( ) -	Home No. ( ) -
Other Family Members That are Patients Here	Who Can We Thank for Referring You to Our Office?		

Insurance and Financial Information

Insurance Coverage ☐ Yes ☐ No	Insurance Company Name	Address	Phone ( ) -
Subscriber's Name	Patient's Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent	Subscriber's Date of Birth	Subscriber's SSN - -
Group/Program Number	Member ID Number:	Employer (If Different From Above)	Employer Address
Secondary Coverage ☐ Yes ☐ No	Insurance Company Name	Address	Phone ( ) -
Subscriber's Name	Patient's Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent	Subscriber's Date of Birth	Subscriber's SSN - -
Group/Program Number	Member ID Number:	Employer (If Different From Above)	Employer Address

Consent for Treatment

- I am financially responsible for any balance due for services rendered to me by this dental office.
- I consent to the taking of photographs and x-rays before, during, and after treatment, and to the use of these records for all purposes connected with the practice of dentistry. Such uses would include patient education, treatment planning, publication, photo albums, marketing materials, newsletters, and website. We appreciate your willingness to include photographs of your dentistry as a tool to assist others in envisioning what is possible through modern dentistry and to aid in making decisions about better health.
- I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

Signature _____ Date _____