

PATIENT REGISTRATION FORM

Patient Name _____ Date Of Birth _____ Today's date _____
 single married separated divorced widowed

Patient's Address _____ SS # _____
City _____ State _____ Zip _____

Person responsible
for this account _____ relationship to patient _____
Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Drivers lic # _____
Employer's address _____ City _____ State _____ Zip _____

CONTACT INFORMATION:

Please indicate your preferred contact # and permission to leave message

Home Phone _____ Y N N/A Other Phones _____ Y N N/A
Work Phone _____ Y N N/A _____ Y N N/A
Cell Phone _____ Y N N/A _____ Y N N/A
E-mail _____ Y N N/A Other E-mail _____ Y N N/A

Preferred pharmacy _____ phone _____

If Married, spouses name _____

May we ask who recommended our office to you? _____

EMERGENCY NOTIFICATION:

Name _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip _____

Primary Physician _____ Specialty _____ Phone _____

Preferred Hospital _____

DENTAL INSURANCE INFORMATION

Primary

Secondary

Insured's Name _____
Insurance Co. _____
Insured's Employer _____
Insured's Soc. Sec. # _____
Date of Birth _____ Grp. # _____

Insured's Name _____
Insurance Co. _____
Insured's Employer _____
Insured's Soc. Sec. # _____
Date of Birth _____ Grp. # _____

PAYMENT RESPONSIBILITY

Although we make every effort to work with you in obtaining your insurance benefits, our services are rendered with the understanding that the patient is ultimately responsible for all fees charged. _____ Int.

INFORMED CONSENT

As a patient, you have the right at each visit to be informed of your condition as well as the possible consequences of not treating it at all. You are also entitled to be informed of the recommended dental/surgical procedures available to correct the condition. After having this information and having been told the risks involved, it is your decision whether or not to undergo these procedures. The doctor will explain to you the dental procedures he is suggesting. You will have the opportunity to ask questions about them and he will answer them to your satisfaction before proceeding. _____ Int.