

REGISTRATION FORM

PATIENT INFORMATION

TODAY'S DATE: _____ ACCOUNT #: _____
NAME: MR./MRS./MS./DR./ _____ FIRST _____ MI _____ LAST _____
PREFERRED NAME/NICKNAME: _____ GENDER: MALE / FEMALE AGE: _____ DOB: _____
PHONE #'S: HOME _____ CELL _____ BUSINESS _____ PREFERRED#: HOME/BUS/ CELL _____
WHICH TELEPHONE NUMBER DO YOU PREFER WE USE IF WE NEED TO LEAVE A CONFIDENTIAL MESSAGE RELATED TO YOUR PERSONAL HEALTH INFORMATION? _____ IF WE CANNOT REACH YOU DIRECTLY, WITH WHOM MAY WE LEAVE A CONFIDENTIAL MESSAGE? _____
RELATIONSHIP: _____
PERMANENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP CODE _____
MAILING ADDRESS (IF DIFFERENT): STREET _____ CITY _____ STATE _____ ZIP CODE _____
TEMPORARY ADDRESS (IF APPLICABLE): STREET _____ CITY _____ STATE _____ ZIP CODE _____
OCCUPATION: _____ SCHOOL IF A STUDENT _____
EMPLOYER/BUSINESS NAME: _____ ADDRESS: _____
SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____ MARITAL STATUS: _____
SPOUSE'S NAME: _____ SPOUSE'S PHONE # : _____ SPOUSE'S EMPLOYER: _____
IS ANOTHER MEMBER OF YOUR FAMILY OR RELATIVE A PATIENT IN OUR OFFICE? _____

REFERRAL INFORMATION

WE APPRECIATE THE CONFIDENCE EXPRESSED BY REFERRALS TO OUR OFFICE. WHOM MAY WE THANK FOR REFERRING YOU TO OUR PRACTICE? _____ RELATIONSHIP? _____

EMERGENCY CONTACTS

IN THE EVENT OF AN EMERGENCY WHOM SHOULD WE CONTACT? NAME: _____ PHONE #: _____
ALTERNATE PHONE #: _____ CELL PHONE #: _____ RELATIONSHIP: _____
ADDITIONAL CONTACT NAME: _____ PHONE #: _____ RELATIONSHIP: _____

PAYMENT OPTIONS

PAYMENT IN FULL IS EXPECTED ON THE DAY OF SERVICE UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE OF TREATMENT. PAYMENT CAN BE MADE BY: CHECK / CASH / MAJOR CREDIT CARDS: VISA/MASTERCARD/AMEX/DISCOVER/THIRD PARTY HEALTHCARE FINANCING – IARE CREDIT. PLEASE LET US KNOW IF YOU WOULD LIKE TO KEEP YOUR CREDIT CARD INFORMATION ON FILE, AND PLEASE FEEL FREE TO SPEAK WITH OUR TREATMENT COORDINATORS IF YOU HAVE ANY QUESTIONS ABOUT MAKING YOUR DENTISTRY FINANCIALLY COMFORTABLE.

DENTAL INSURANCE

WE ARE HAPPY TO ASSIST YOU IN FILING CLAIM FORMS SO THAT YOU MAY BE REIMBURSED FOR YOUR DENTAL SERVICES. KINDLY PROVIDE US WITH COMPLETE EMPLOYER & INSURANCE INFORMATION. MOST CLAIMS CAN BE FILED ELECTRONICALLY.