

PATIENT NUMBER

PATIENT'S NAME Last First Initial

Nickname Date of Birth Male Female Age

PARENT'S NAME Last First Initial

DENTAL INSURANCE 1ST COVERAGE

Single Married Separated Divorced Widowed Minor

EMPLOYEE'S NAME

RESIDENCE - STREET

EMPLOYEE'S DATE OF BIRTH

CITY STATE ZIP

EMPLOYER # YRS.

HOME #

NAME OF INSURANCE CO.

CELL #

ADDRESS

BUSINESS #

TELEPHONE:

EMAIL ADDRESS

PROGRAM OR POLICY #

FATHER'S NAME

UNION LOCAL OR GROUP

FATHER EMPLOYED BY

SOCIAL SECURITY NO.

PRESENT POSITION HOW LONG HELD

MOTHER'S NAME

DENTAL INSURANCE 2nd COVERAGE

MOTHER EMPLOYED BY

EMPLOYEE'S NAME

PRESENT POSITION HOW LONG HELD

EMPLOYEE'S DATE OF BIRTH

WHO IS RESPONSIBLE FOR THIS ACCOUNT

EMPLOYER # YRS.

OTHER FAMILY MEMBERS IN THIS PRACTICE

NAME OF INSURANCE CO.

HOW DID YOU HEAR ABOUT OUR OFFICE

ADDRESS

FATHER'S SOCIAL SECURITY NO.

TELEPHONE:

MOTHER'S SOCIAL SECURITY NO.

PROGRAM OR POLICY #

SOMEONE TO NOTIFY NOT LIVING WITH YOU

UNION LOCAL OR GROUP

SOCIAL SECURITY NO.

RELEASE:

- I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care.
I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.
I authorize release of any information concerning my (or my child's) health care, advice and treatment to another dentist.
I hereby authorize payment of insurance benefits directly to the dentist or dental group, otherwise payable to me.
I understand that my dental care insurance carrier or payor of my dental benefits may pay less than the actual bill for services. I understand I am financially responsible for payments in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, in whole or in part by my dental care payor.

I attest to the accuracy of the information on this page.

PATIENT'S OR GUARDIAN'S SIGNATURE DATE

REGISTRATION