**Patient Registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient is: | [ ] Policy Holder | [ ] Responsible Party | Preferred Name: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |       | Last Name: |       | Middle Int: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |       | Last Name: |       | Middle Int: |       |
| Address: |       | Address 2: |       |
| City, State, Zip Code: |       | Pager#: |       |
| Home Phone: |       | Work Phone: |       | Cell Phone: |       |
| Birth Date: |       | Soc Sec #: |       | Drivers Lic : |       |
| [ ] Responsible Party is also a Policy Holder for Patient | [ ] Primary Insurance Policy Holder | [ ] Secondary Insurance Policy Holder |

**Responsible Party**

**Patient Info**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |       | Last Name: |       | Pager #: |       |
| Zip Code: |       |  |  |
| Home Phone: |       | Work Phone: |       | Cell Phone: |       |
| Sex: | [ ] Male [ ] Female |  Marital Status [ ]  Married [ ]  Single [ ]  Divorced [ ]  Separated [ ]  Widowed  |
| Birth Date:  |       | Age  |       | Soc Sec |       | Drivers Lic #  |       |
| E-Mail Address: |       | [ ] I would like to receive correspondences via e-mail |

|  |  |
| --- | --- |
| Do you have a fear of dentistry? |       |
| Are you interested in sedation? |       |
| Are you interested in Nitrous (laughing gas) |       |
|  |  |
|  |  |

**Employment Info**

|  |  |
| --- | --- |
| Employment Status: | [ ]  Full time [ ]  Part time [ ]  Retired |
| Student Status: | [ ]  Full time [ ]  Part time |
| Medicaid ID       |
| Employer ID       |
| Carrier Id       |

 **Primary Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of insured:  |       | Relationship to insured  | [ ] Self [ ]  Spouse [ ] Child [ ]  Other |
| Insured Soc. Sec: |       | Insured Date of Birth |       |
| Employer: |       | Ins Company: |       |
| Address: |       | Address: |       |
| Address 2 |       | Address 2: |       |
| City, State Zip |       | City, State, Zip |       |
| Rem Benefits |       | Rem. Deduct: |       |