

**PATIENT REGISTRATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_

Dental Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_

Dental Insurance Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_

Dental Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_

Dental Insurance Address \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you learn about Preservation Dental?

Website

Referral from \_\_\_\_\_

Walk-in

Other \_\_\_\_\_

Community Event \_\_\_\_\_

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL SERVICES RENDERED AT THIS OFFICE, INCLUDING THOSE PORTIONS NOT COVERED BY INSURANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_