PATIENT REGISTRATION

We welcome you as a new patient and appreciate the opportunity to provide you with complete professional dental services. Please help us by completing all the information requested below. Thank you!

PLEASE PRINT

PATIENT INFORMATION:

Last Name:______________________________ First Name:_______________________________ MI__________

Street Address:_________________________City:______________________State:_______ Zip Code:__________

Cell Phone: (____)_____-_______ Home Phone: (____)_____-_______ Work Phone: (____)_____-_______

Date Of Birth:_____/_____/_____ SS#:________-_____-________ Email:_______________________________

Employer:___________________________ If Patient is a Student, Name of School:_________________________

Emergency Contact:_______________________ Relationship:_______________ Phone: (____)_____-_______

REFERRAL SOURCE (PLEASE CIRCLE)

Insurance Billboard / Drive By Internet Website Mailer / Magazine

Patient:__________________________________ Other Doctor/

Office:___________________________________

RESPONSIBLE PARTY INFORMATION:

Last Name:______________________________ First Name:_______________________________ MI__________

Street Address:_________________________City:______________________State:_______ Zip Code:__________

Cell Phone: (____)_____-_______ Home Phone: (____)_____-_______ Work Phone: (____)_____-_______

Date Of Birth:_____/_____/_____ SS#:________-_____-________ Email:_______________________________

Employer:__________________________________ How Long Employed?:_____________________________

Spouse's Name:____________________________ Spouse's Employer:_________________________________

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

I,____, have received a copy of this office's Notice of Privacy Practices.

____

Please Print Name

____ _________________________________

Signature Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

______ Individual refused to sign

_______ Communication barriers prohibited obtaining the acknowledgement

_______Others (Please Specify):____