

## Patient Registration

First Name:	Last Name:	Middle Initial:
Patient is: <input type="checkbox"/> Responsible Party <input type="checkbox"/> Policy Holder		Preferred Name:

### Responsible Party (if other than the patient)

First Name:	Last Name:
Address:	
City	ST: Zip
Home Phone:	Work Phone: Cell:
Birth Date:	Social Security: Drives License:
<input type="checkbox"/> Responsible Party is also a Policy Holder for Patient <input type="checkbox"/> Primary Insurance Policy Holder <input type="checkbox"/> Secondary Insurance Policy Holder	

### Patient Information:

First Name:	Last Name:
Address:	
City	ST: Zip
Home Phone:	Work Phone: Cell:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Birth Date:	Age: Social Security: Drives License:
Email:	<input type="checkbox"/> I would like to receive correspondences via e-mail

### Employment Status:

Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired	Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Medicaid ID:	Preferred Dentist:
Employer ID:	Preferred Pharmacy:
Carrier ID:	Referred Hygienist:
Additional Notes:	

### Primary Insurance Information

Name of Insured:	Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Insured Soc. Security:	Date of Birth of Insured:
Employer:	Ins. Company:
Address:	
City	ST: Zip
City:	ST: Zip:
Rem. Benefits: .00	Rem. Deduct: .00

### Secondary Insurance Information:

Name of Insured:	Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Insured Soc. Security:	Date of Birth of Insured:
Employer:	Ins. Company:
Address:	
City	ST: Zip
City:	ST: Zip:
Rem. Benefits: .00	Rem. Deduct: .00