FIFE DENTAL CARE

Patient Registration

1: Welcome to Our Practice

We are committed to excellence in dentistry and appreciate your time to complete this confidential questionnaire. The better we communicate, the better we can care for you. If you have any questions or need assistance, please ask us—we will be happy to help.

May we ask how you heard about us?:	Today's Date:

2: Patient

First Name:	MI:	Last Name:	
Preferred Name:			Sex: ☐ Male ☐ Female
Address:			Apt #:
City, State & Zip:			
Home Ph:	Work Ph:		Cell Ph:
Email Address:			
DOB:	SS #:		DL # & State:
Marital Status:	Employment Status:		Student Status:
Previous Dentist:			
Preferred Pharmacy:	Pharmacy Location/ Intersection:		
Emergency Contact:			Emergency Ph:

3: Responsible Party *(Person financially responsible for the account; signature required below)*

Is Patient the Responsible Party? ☐ Yes ☐ No *Complete remainder of Section 3 if Responsible Party is not Patient*

First Name:	MI:	Last Name:	
Sex: ☐ Male ☐ Female	Patient Relationship to Responsible Party:		
Address:			Apt #:
City, State & Zip:			
Home Ph:	Work Ph:		Cell Ph:
Email Address:			
DOB:	SS #:		DL # & State:

4: Insurance *Please submit insurance card(s) with your registration paperwork.*

Does Patient have dental insurance?: ☐ Yes ☐ No

A: Primary Insurance Policy

Insurance Company & State:	Insurance Co. Ph:
Policyholder Name:	Policyholder DOB:
Policyholder Employer:	Patient Relationship to Policyholder:
Policyholder ID #/ SS#:	Policy Group #:

B: Secondary Insurance Policy

Insurance Company & State:	Insurance Co. Ph:
Policyholder Name:	Policyholder DOB:
Policyholder Employer:	Patient Relationship to Policyholder:
Policyholder ID #/ SS#:	Policy Group #:

5: Review & Signature

By signing, you attest that the information contained on this form is true and correct to the best of your knowledge. It is your responsibility to inform the dental office of any changes in your registration information.

Patient/Guardian Signature:	Printed Name of Signer if not Patient: Relationship to Patient:

Responsible Party Signature: