

Patient Registration

Please Complete the Following Confidential Information

If this appointment is for you, start here.

Date		
Name		
Spouse		
Address		
City	State	Zip
Home Phone #		
Birth Date	Age	Circle One Male Female
Circle One: Married Single Divorced Widowed		
Social Security #		
Date		
Name		
Address		
City	State	Zip
Home Phone #		
Birth Date	Age	Circle One Male Female
School	Grade	
Social Security #		
If your child's name and/or address are not the same as yours, fill in the top box also.		

If this appointment is for your child, start here.

Getting to Know You	
Is another member of your family or a relative a patient at our office? Name Relationship	
Referred to Us by	
Your Former Address	
City	State Zip
Person to Contact for Emergency	
Phone Number	
Address	
City	State Zip
Closest Relative Not Living With You	
Phone Number	
Address	
City	State Zip

Consent for Treatment

- I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of the dental needs for _____.
- Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
- I agree to the use of anesthetic, sedatives and other medications as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.
- Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed dates, I understand that a 1-1/2% late charge (18% APR) may be added to my account.

Date: _____
 Patient _____
 Parent or Responsible Party _____
 Relation to Patient _____
 Witness _____

Account Information

Person Financially Responsible for Account	
Name	
Relationship to Patient	
Address	
City	State Zip
Home Phone #	
You	
Name	
Occupation	
Employer	
Business Address	City State Zip
Business Phone #	Ext.
Your Spouse	
Name	
Occupation	
Business Address	City State Zip
Business Phone #	Ext.