

# Willow Point Dental P.C.

## PATIENT REGISTRATION INFORMATION

Today's Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient : Last name : \_\_\_\_\_ First name : \_\_\_\_\_ Mid name : \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital status:  Single  Married  Divorced  Widowed Spouse's Name : \_\_\_\_\_

Employer: \_\_\_\_\_ School: \_\_\_\_\_

Dentisit: \_\_\_\_\_ How did you hear about our office? \_\_\_\_\_

Main Concern with your teeth or smile?  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information :

His / Her name : \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

## RESPONSIBLE PARTY INFORMATION

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Marital status:  Single  Married  Divorced  Widowed Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Employer : \_\_\_\_\_

Custodial Parent:  Yes  No  Other  N/A Relationship to Patient : \_\_\_\_\_

## INSURANCE INFORMATION

### Primary Insurance

Insurance : \_\_\_\_\_

Employer: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID or SSN: \_\_\_\_\_

Group# : \_\_\_\_\_

### Secondary Insurance

Insurance : \_\_\_\_\_

Employer: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID or SSN: \_\_\_\_\_

Group# : \_\_\_\_\_

I understand that the information that I have given is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence, and it is my responsibility to inform this office of any changes.

Paient / Parent (if minor) Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_