

TODAY'S DATE: _____



GUEST REGISTRATION

GUEST INFORMATION

NAME: Last _____ First _____ Middle _____ Preferred Name _____
 BIRTHDATE _____ AGE _____ SEX M F MARITAL STATUS _____
 ADDRESS: Street _____ NO. OF CHILDREN _____
 City _____ State _____ Zip _____
 PHONES: HOME _____ WORK _____ CELL _____
 E-MAIL _____ FAX _____
 SOCIAL SECURITY _____ DRIVER'S LICENSE _____
 EMPLOYER _____
 OCCUPATION _____ NO. YEARS EMPLOYED _____
 FULL TIME STUDENT? Y N SCHOOL _____
 EMERGENCY CONTACT _____ PHONE _____

RESPONSIBLE PARTY INFORMATION

NAME: Last _____ First _____ Middle _____ Preferred Name _____
 BIRTHDATE _____ AGE _____ SEX M F MARITAL STATUS _____
 ADDRESS: Street _____ RELATION TO GUEST _____
 City _____ State _____ Zip _____
 PHONES: HOME _____ WORK _____ CELL _____
 E-MAIL _____ FAX _____
 SOCIAL SECURITY _____ DRIVER'S LICENSE _____
 EMPLOYER _____
 OCCUPATION _____ NO. YEARS EMPLOYED _____

DENTAL INSURANCE

PRIMARY CARRIER

Name _____
 Employer _____
 Insurance Co: _____
 Ins.Co. Address: _____
 City _____ State _____ Zip _____
 Phone _____
 Social Security _____
 Group # _____
 How much is your Deductible? _____
 Annual Maximum _____
 Remaining Amount _____

SECONDARY CARRIER

Name _____
 Employer _____
 Insurance Co: _____
 Ins.Co. Address: _____
 City _____ State _____ Zip _____
 Phone _____
 Social Security _____
 Group # _____
 How much is your Deductible? _____
 Annual Maximum _____
 Remaining Amount _____

Whom May We Thank?

Referred by a Friend _____
 Other (Please Specify) _____
 A Family Member is a Guest at our office
 If Yes, Name _____

METHOD OF PAYMENT

Responsible party currently has an account
 Payment in Full at each appointment
 (Cash, Check or Credit Card)
 I wish to discuss the Dental Office's Financial Policy

DENTAL HISTORY

What is the nature of today's visit? Comprehensive Exam Consultation Emergency
 Your Current dental health is: Good Fair Poor
 Date and nature of your last dental visit: _____ Dental Cleaning: _____ X-Rays: _____
 Former Dentist: _____ Phone: _____ City: _____