

# PATIENT REGISTRATION

## Patient Information

Patient is: Responsible Party  Primary Insurance Policy Holder  Secondary Insurance Policy Holder

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Would you prefer to be called a different name when being addressed in our office? \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M  F  Marital Status: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Check this box to receive mail at PO Box

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

At which phone number would you like to be contacted about appointments? \_\_\_\_\_

If you would like to be contacted via cell phone, would you like to receive appointment confirmations via text? Y  N

Email address: \_\_\_\_\_ May we contact you via email? Y  N

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## Responsible Party Information:

Relationship to patient: \_\_\_\_\_ Is Responsible Party a Policy Holder? Y  N

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M  F

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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## How did you hear about our office?

Radio ads    KGFX     KCCR     KPLO-FM   

Phone book    Yellow Book     Dex     Gold Pages   

Online    Our website (www.pierredentists.com)     Google     Facebook     Other   

Personal Referral    Who can we thank? \_\_\_\_\_

Sign on the building

Other: \_\_\_\_\_