EAST TAYLOR DENTAL, PC - PATIENT REGISTRATION INFORMATION

ID: ______________ Salutation: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

First Name__________________________________ Last Name ____Middle Initial ____

Patient Is: ☐ Policy Holder Preferred Name: ____

☐ Responsible Party

Responsible Party (If someone other than patient)

First Name: ____________________________________Last Name: ____Middle Initial ____

Address: ______________________________________Address 2: ____

City, State, Zip ____

Home Phone: __________________________________Work Phone: ________________________ Ext ________ Cell: ________________

Birthdate: _____________________________________Soc Sec #: ___________________________Drivers Lic # ______________________

Employer: ____ Employer Phone: __________________

☐ Responsible Party is also an Insurance policy holder for patient ☐ Primary Insurance ☐ Secondary Insurance

Patient Information

Address: _____________________________________ Address 2:____ ________________

City, State, Zip ____

Home Phone: __________________________________Work Phone: _________________________ Ext _______ Cell: _________________

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birthdate: __________________________Age _______Social Security #: _______/_____/________ Drivers Lic #______________________

E-mail: _______________________________________ ☐ I would like to receive correspondence by: ☐ E-mail ☐ Text

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ Not Applicable

Employer Name: ____ Employer Phone: ________________

Address: ______________________________________City, State, Zip ____

Student Status: ☐ Full Time ☐ Part Time Name of School: ____

Address: ______________________________________City, State, Zip ____

Preferred Pharmacy: ____________________________Location/Address: ____

ER Contact: ___________________________________ER Phone: _____________________Your Best # from 8 am-5pm______________

Spouse Information

First Name: ___________________________________ Last Name ____Middle Initial______

Address: _____________________________________ City, State, Zip ____

Home Phone: _______________________Work Phone:_____________Ext_____ Cell:_______________Social Security_____/____/______

Employer: ____________________________________ Employer Phone: ______________________ Sex: ☐ Male ☐ Female