

# Patient Registration

Date: \_\_\_\_\_ 200\_\_

Patient Name \_\_\_\_\_  Male  Female  
Last First Middle Nickname  
Address \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

If child, please give parents' or guardians' names \_\_\_\_\_ S.S. # \_\_\_\_\_

## RESPONSIBLE PARTY INFORMATION

Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # yrs. Employed \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # yrs. Employed \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

Insured's Name \_\_\_\_\_ Insured's S.S. # \_\_\_\_\_  
Last First Middle  
Dental Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
Street City State Zip  
Insured's Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have dual coverage? If yes, please complete the following.**

Insured's Name \_\_\_\_\_ Insured's S.S. # \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
Street City State Zip  
Insured's Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Employment \_\_\_\_\_ Effective Date of Insurance \_\_\_\_\_

## EMERGENCY NOTIFICATION INFORMATION

In case of emergency, who should be notified?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To the best of my knowledge all the preceding answers are true and correct. I will inform the office of any changes at the next appointment. I understand that there may be a need for Dr. Yousefian to run a check on my credit history.**

\_\_\_\_\_  
Signature of Patient of Responsible Party