PATIENT REGISTRATION

Cook Family Dentistry

Date: _____

Name: _____ Preferred Name: _____
FIRST MI LAST

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

D.O.B.: _____ Age: _____ SSN#: _____ Driver's License #: _____

Sex: ___Male ___Female Marital Status: ___Single ____Married ____Divorced ___Separated ___Widowed

I would like to receive correspondence via email: _____

Employment Status: ____ Full Time ____ Part Time ____ Retired

Employer: _____

Employer Address: _____

_____

Emergency Contact

Full Name: _____

Phone: _____

Relationship: _____

Student Status: ____ Full Time ____ Part Time

School Name: _____

Graduation: _____

Preferences

Preferred Dentist: _____

Preferred Hygienist: _____

Preferred Pharmacy: _____

RESPONSIBLE PARTY (if someone other than patient)

Name: _____ Preferred Name: _____
FIRST MI LAST

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

D.O.B.: _____ Age: _____ SSN#: _____ Driver's License #: _____

Relationship to Patient: _____

_____Responsible Party is Policy Holder for Patient _____Primary Insurance Policy Holder _____Secondary Insurance Policy Holder

PRIMARY INSURANCE INFORMATION

Subscriber: _____ Relationship to Insured: ____ Self ___ Spouse ___ Child ___ Other

Subscriber's SSN#: _____ Subscriber's D.O.B.: _____

Subscriber's Address: _____
STREET CITY STATE ZIP

Employer: _____

Employer's Address: _____
STREET CITY STATE ZIP

Insurance Company: _____

Subscriber ID: _____ Group Number: _____ Insurance Co. Phone: _____

Insurance Company Address: _____
STREET CITY STATE ZIP

SECONDARY INSURANCE INFORMATION

Subscriber: _____ Relationship to Insured: ____ Self ___ Spouse ___ Child ___ Other

Subscriber's SSN#: _____ Subscriber's D.O.B.: _____

Subscriber's Address: _____
STREET CITY STATE ZIP

Employer: _____

Employer's Address: _____
STREET CITY STATE ZIP

Insurance Company: _____

Subscriber ID: _____ Group Number: _____ Insurance Co. Phone: _____

Insurance Company Address: _____
STREET CITY STATE ZIP