TOTAL CARE DENTAL

Delivering caring, comfortable dentistry to our community.

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PATIENT REGISTRATION

ID _____ Chart ID _____

First Name _____ Last Name _____ Middle Initial _____

Patient Is: ❑ Policy Holder ❑ Responsible Party Preferred Name _____

Responsible Party (if someone other than the patient)

First Name _____ Last Name _____ Middle Initial ____

Address _____ Address 2 _____

City _____ State _____ Zip _____ Pager _____

Home Phone _____ Work Phone _____ Ext. _____ Cellular _____

Birth Date _____ Soc Sec. _____ Drivers lic. _____

❍ Responsible Party is also a Policy Holder for Patient ❍ Primary Insurance Policy Holder ❍ Secondary Insurance Policy Holder

Patient Information

Address _____ Address 2 _____

City _____ State _____ Zip _____ Pager _____

Home Phone _____ Work Phone _____ Ext. _____ Cellular _____

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

Birth Date _____ Age _____ Soc Sec. _____ Drivers lic. _____

E-mail: _____ ❑ I would like to receive correspondences via e-mail.

Section 2

Employment Status: ❍ Full Time ❍ Part Time ❍ Retired

Student Status: ❍ Full Time ❍ Part Time

Medicaid ID _____ Pref. Dentist _____

Employer ID _____ Pref. Pharmacy _____

Carrier ID _____ Pref. Hyg. _____

Section 3

Referred By _____

Previous Dentist _____

Emergency Contact _____

Emergency Contact # _____

Primary Insurance Information

Name of Insured _____ Relationship to Insured: ❍ Self ❍ Spouse ❍ Child ❍ Other

Insured Soc. Sec _____ Insured Birth Date _____

Employer _____ Ins. Company _____

Address _____ Address _____

Address 2 _____ Address 2 _____

City,State,Zip _____ City,State,Zip _____

Rem. Benefits _____ .00 Rem. Deduct _____ .00

Secondary Insurance Information

Name of Insured _____ Relationship to Insured: ❍ Self ❍ Spouse ❍ Child ❍ Other

Insured Soc. Sec _____ Insured Birth Date _____

Employer _____ Ins. Company _____

Address _____ Address _____

Address 2 _____ Address 2 _____

City,State,Zip _____ City,State,Zip _____

Rem. Benefits _____ .00 Rem. Deduct _____ .00