METHUEN FAMILY DENTISTRY

Patient Registration Form

Today's Date:

Title: Dr. Mr. Mrs. Ms. Miss

First Name: _____ Middle: _____ Last: Test _____

Street: _____ City: _____ State: _____ ZIP: _____

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

Email Address: _____

May we contact you by email? YES NO May we contact you by text? YES NO

Sex: M F Date of Birth: _____ Social Security #: _____

Marital Status: S M D Spouse's Name: _____

Whom may we thank for referring you? _____

How did you hear about us? Please circle / check all that apply:

Mailer Google Friends/Family Insurance Internet Yellow Pages Other: _____

INSURANCE INFORMATION: Do you have Dental Insurance? Yes No

PRIMARY INSURANCE

Subscriber Name: _____ Employer Name: _____

Subscriber ID/SSN: _____ Employer Phone #: _____

Date of Birth: _____ Insurance Company: _____

Relation to Subscriber: Self Spouse Child Other Insurance Group #: _____

Insurance Phone #: _____

SECONDARY INSURANCE

Subscriber Name: _____ Employer Name: _____

Subscriber ID/SSN: _____ Employer Phone #: _____

Date of Birth: _____ Insurance Company: _____

Relation to Subscriber: Self Spouse Child Other Insurance Group #: _____

Insurance Phone #: _____

Please present your Insurance Card/s and Driver's License to the business team to be scanned.

I, hereby by virtue of my signature below, give my consent to allow this office and staff to leave messages and speak to person(s) listed regarding scheduling, treatment, and financials or other information as necessary.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If the patient is under the care of a facility and it is listed, consent will apply for all staff of the facility.

__ I do consent to messages being left at home, work, mobile phone, or with any other person.

__ I do not consent to a message being left at home, work, mobile phone, or with any other person.

I, hereby by virtue of my signature below, attest that all information provided on this "Patient Registration Form" is correct.

First & Last Name: _____ Birthdate: _____

Signature: _____ Date: _____