Lifetime Dental

REGISTRATION AND HISTORY

1 PATIENT INFORMATION

Date_____

SS#/Patient ID #_____

Patient Name_____

_____

Address_____

City_____State_____Zip_____

How long?_____ Rent O Own O

E-mail_____

Sex O M O F Age_____

Birth date_____

Driver's License #_____

O Married O Widowed O Single O Minor

O Separated O Divorced O Partnered for ___ years

Occupation_____

Patient Employer/School_____

How long at this Employer/School_____

Employer/School Address_____

Employer/School Phone_____

Spouse's Name_____

Spouse's Birthdate_____

Spouse's SS#_____

Spouse's Employer_____

Whom may we thank for referring you?_____

_____

2 DENTAL INSURANCE

Who is financially responsible for this account?

_____

Relationship to patient_____

Insurance Co._____

_____

Group#_____

Is patient covered by additional insurance? O Yes O No

Subscriber's Name_____

Birth date_____ SS#_____

Relationship to Patient_____

Insurance Co._____

Group #_____

Insurance Assignment

I certify that I, and/or my dependents(s), have insurance coverage

with_____and assign directly to

Name of insurance company(ies)

Dr._____

all insurance benefits, if any, otherwise payable tome for services rendered.

Financial and Personal Health Information

I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above named dentist may use my health care information and may disclose such information for treatment, payment and health care operations. This consent will end when my current treatment plan is completed or one year from the date signed below.

_____

Signature of Patient, Parent, Guardian or Personal Representative

_____

Please print name of Patient, Parent, Guardian or Personal Representative

_____ _____

Date Relationship to Patient

3 PHONE NUMBERS

Home (_____)_____Work (_____)_____Ext _____ Cell Phone (_____)_____

Spouse's Work (_____)_____Best time and place to reach you _____

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household.)

Name_____ Relationship_____

Home Phone (_____)_____ Work Phone (_____)_____

4 CREDIT REFERENCES

Name of bank_____ Branch_____

Bank Cards (VISA/MC)_____ Gas Cards_____

_____ Store Account or other_____

_____ _____