ADVANCED DENTAL PATIENT REGISTRATION FORM

PERSONAL INFORMATION

Name ______________________ Preferred Name ______________

Street Address ______________________ Apartment # ______________

City ______________ State ____________ Zip ____________

Date of Birth ______________ Social Security Number ______________

Telephone ______________ Cell Phone ______________

Drivers License Number ______________ Email Address ______________

Preferred way of being contacted: EMAIL Cell Phone Home Phone Work Phone Other ____________

Employer ______________________ Phone ______________

Purpose of this Visit ______________________

In Case of Emergency, Who Should be Notified ______________ Phone ____________

Person Responsible for this Account ______________________

Status: ☐ Single ☐ Married ☐ Child ☐ Other ______________

If Child (under 18 yrs old), Parent's Name ______________________

Spouse's Name ______________________

Spouse's Date of Birth ______________ Spouse's Social Security Number ______________

Spouse's Employer ______________________

CREDIT CARD INFORMATION

Name on Card ______________________

Card # ______________________ Expiration Date ______________

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

DENTAL INSURANCE INFORMATION

Name of Insurance Company ______________ Telephone Number______________

Subscriber Identification Number ______________ Group Number ______________

Insurance Policy is Listed Under: ☐ Myself ☐ Spouse ☐ Parent

REFERRED BY

☐ Direct Mail Piece (Postcard) ☐ Internet ☐ Sign ☐ ValPak ☐ Yellow pages

☐ Patient Name of Patient ______________________

☐ Newspaper Name of Newspaper ______________________

☐ TV/Radio Name of Station ______________________

☐ Other ______________________

I consent and authorize Advanced Dental of New England LLC to use photographs, video, slides, or any other image as may be necessary of me, with or without my given name, or with a fictitious name for my treatment, education, or any other lawful purpose and I release and forever discharge it from any claim, demands, or liability on account of such use or for the quality of the reproduction of the photograph or photocopy provided.

SIGNATURE ____ **DATE** __________________________