DENTAL REGISTRATION AND HISTORY

	DENTAL INSURANCE
Date	Who is responsible for this account?
SS/HIC/Patient ID #	Relationship to Patient
Patient Name	Insurance Co
Last Name	Group #
First Name M	
	is patient covered by additional insulance: [] les [] No
ddress	Subscriber's Name
-mail	Birthdate SS#
City	Relationship to Patient
StateZip	Insurance Co
Sex M F Age	Group #
birthdate	ASSIGNMENT AND RELEASE
Married Widowed Single	I certify that I, and/or my dependent(s), have insurance coverage wi
Separated Divorced Partnered for	and assign directly to
Patient Employer/School	any, otherwise payable to me for services rendered. I understand that I a
Occupation	financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.
Employer/School Address	The above-named dentist may use my health care information and may disclose
	such information to the above-named Insurance Company(ies) and their agen for the purpose of obtaining payment for services and determining insurance
Employer/School Phone ()	benefits or the benefits payable for related services. This consent will end who
Spouse's Name	my current treatment plan is completed or one year from the date signed below
Birthdate	Signature of Patient, Parent, Guardian or Personal Representative
SS#	
	Please print name of Patient, Parent, Guardian or Personal Representative
Spouse's Employer	
Whom may we thank for referring you?	Date Relationship to Patient
•	
PHONE NUMBERS	
THOME ITO MEDICAL	
January News	ork () Ext Cell ()
Phone () Wo	
Phone () Wo	est time and place to reach you
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify som	est time and place to reach youeone who does not live in your household.)
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify som	est time and place to reach youeene who does not live in your household.) Relationship
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify som	est time and place to reach youeene who does not live in your household.) Relationship
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some Home Phone ()	est time and place to reach youeene who does not live in your household.) Relationship
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify som	est time and place to reach you neone who does not live in your household.) Relationship Work Phone ()
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some Home Phone () DENTAL HISTORY Reason for today's visit Bu	est time and place to reach you
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some Home Phone () DENTAL HISTORY Reason for today's visit Bu Ch	est time and place to reach you
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some lame) Home Phone () DENTAL HISTORY Reason for today's visit Bu Ch	est time and place to reach you
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some Home Phone () DENTAL HISTORY Reason for today's visit Bu Ch Ci Former Dentist CI	est time and place to reach you
Phone () Wo Spouse's Work () Be N CASE OF EMERGENCY, CONTACT (Specify some some second processed processe	est time and place to reach you
Phone ()	est time and place to reach you
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Phone ()	est time and place to reach you
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