
LAKEVILLE ADVANCED DENTAL CARE

PATIENT REGISTRATION

Patient Information

Name: _____ (_____) Social Security #: _____
Last Name First Name Preferred Name

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Sex: Male ____ Female ____ Birthdate: _____ Age: _____

Single: ____ Married: ____ Widowed: ____ Separated: ____ Divorced: ____

Employer: _____ Occupation: _____

Work Address: _____
Street City State Zip

Work Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about us or who may we thank for referring you? _____

Primary Dental Insurance

Policy Holder: _____
Last Name First Name Date of Birth Relationship to Patient

Address (if different from patient): _____
Street City State Zip

Policy Holder's Employer: _____ Occupation: _____

Business Address: _____
Street City State Zip

Business Phone: _____

Insurance Company: _____ SS or ID#: _____ Group #: _____

Additional family members under this plan: _____

Additional Dental Insurance

Policy Holder: _____
Last Name First Name Date of Birth Relationship to Patient

Address (if different from patient): _____
Street City State Zip

Policy Holder's Employer: _____ Occupation: _____

Business Address: _____
Street City State Zip

Business Phone: _____

Insurance Company: _____ SS or ID#: _____ Group #: _____

Additional family members under this plan: _____

Medical Insurance

Policy Holder: _____
Last Name First Name Date of Birth Relationship to Patient

Address (if different from patient): _____
Street City State Zip

Policy Holder's Employer: _____ Occupation: _____

Business Address: _____
Street City State Zip

Business Phone: _____

Insurance Company: _____ SS or ID#: _____ Group #: _____

Additional family members under this plan: _____

I certify that the above information is true and correct to the best of my knowledge.

I agree to notify Lakeville Advanced Dental Care of any changes in the above information and/or my health status.

Signature of Patient, Parent or Guardian

Date