TIME 2:40 PM DATE 2/1/2008

## PATIENT REGISTRATION

ID:	Chart I	D:						
First Name:	Last Name:						Middle Initial:	
Patient Is: Doli	icy Holder	Holder Preferred Name:						
	sponsible Party							
	(if someone other than	n the patient)——						
First Name: Last N							Middle Initial:	
Address:				_ Address 2	2:			
City, State, Zip:						Pager: _		
Home Phone:		Work Phone			Ext:	Cellular: _		
Birth Date:		_ Soc Sec:			Drive	ers Lic:		
O Responsible I	Party is also a Policy F	lolder for Patient	O Primary I	nsurance Po	licy Holder	O Secondary I	nsurance Policy Holder	
<ul><li>Patient Information</li></ul>	<b>\</b>							
Address:				Address				
City:			State / Zip:			Pager:		
Home Phone:		Work Phone:			Ext:	Cellular:		
Sex: Male	e Fema	le	Marital Status: (	Married	Single	O Divorced	O Separated O Widowed	
Birth Date: -		Age:	Soc. Sec:_			Drivers Lic:_		
E-mail:				l would lik	re to receive cor	respondences via	e-mail.	
Sectio	n 2					Section 3		
Employment Status	s: Full Time	O Part Time	Retired				s Dentist:	
Student Status:	Full Time	O Part Time				Emergency		
	T GII TIITIC		<b>_4</b> .			Emergency (	Jontact #:	
Medicaid ID:		Pref. Denti	<b>ວ</b> ເ					
Employer ID:		Pref. Pharr	macy:					
Carrier ID:		Pref. Hyg.:						
Drimon, Inquironos	Information				•			
—Primary Insurance Name of Insured:	mormation			Rel	ationship to Insi	ured:( ) Self (	Spouse Child Other	
			la sums al Diatle D		acionomp to mo	arou. Jen	Spouse Crillia Collier	
Insured Soc. Sec:			Insured Birth Da	-				
Employer:				_   Ins. Co	ompany:			
Address: _				-	Address:			
Address 2:				<i>P</i>	Address 2:			
City,State,Zip:	e.Zip:			City	City,State,Zip:			
Rem. Benefits:	.00	Rem. Deduct:		.00	,, <u></u> -			
Secondary Insuran	ce Information———							
Name of Insured:				Rel	ationship to Insi	ured: Self	Spouse Child Other	
Insured Soc. Sec:			Incurred Dirth De					
			Insured Birth Da		100 10 0 10 1 1'			
Employer:				_   IIIS. Co	· · · · · · · · · · · · · · · · · · ·			
					Address:			
Address: _								
Address: _				.	ddress 2:			
					ddress 2: State,Zip:			