



Dr. David Hubbell - Patient Registration – Revised October 26, 2010

First Name: _____ Last Name: _____ Middle Initial: _____

Patient Is: Policy Holder Responsible Party Preferred Name: _____

Responsible Party (if someone other than the patient)

Address: _____ Address 2: _____

City: _____ State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Birth Date: _____ Social Security #: _____ Driver's License#: _____

Responsible Party is also a Policy Holder for Patient Primary Insurance Policy Holder Secondary Insurance Policy Holder

Patient Information

Address: _____ Address 2: _____

City: _____ State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed Other

Birth Date: _____ Social Security #: _____ Driver's License#: _____

E-mail: _____ I would like to receive correspondences via e-mail.

Section 2

Employment Status: Full Time Part Time Retired
Student Status: Full Time Part Time
Medicaid ID: _____ Pref. Dentist: _____
Employer ID: _____ Pref. Pharmacy: _____
Carrier ID: _____ Pref. Hygienist: _____

Section 3

Referred By: _____
Previous Dentist: _____
Emergency Name & #: _____
Physician & #: _____
Permission for Exam: _____
Permission for X-ray: _____
Permission to Photo: _____

Primary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Employer Name: _____ Insured Social Security #: _____ Insured Birth Date: _____ Insured ID#: _____

Secondary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Employer Name: _____ Insured Social Security #: _____ Insured Birth Date: _____ Insured ID#: _____

Additional Comments: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that it is my responsibility to inform the dental office of any changes in contact information & insurance status.

SIGNATURE OF PATIENT, PARENT, or GUARDIAN _____ DATE _____