



PATIENT REGISTRATION

LEGAL FIRST NAME: _____

LEGAL LAST NAME: _____

MIDDLE INITIAL: _____ PREFERRED NAME: _____

RESPONSIBLE PARTY IS: SELF OTHER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____ EXT. _____

CELL PHONE: (____) _____

CELL PHONE CARRIER: _____ (ex. AT&T, Verizon, etc.)

APPOINTMENT CONTACT PREFERENCES:

CALL ME (PREFERRED NUMBER: HOME WORK CELL)

TEXT ME SORRY, I CAN'T RECEIVE TEXTS ON MY CELL PHONE

EMAIL ME: _____

I AM:

MALE FEMALE

SINGLE

MARRIED

DIVORCED

SEPARATED

WIDOWED

BIRTHDATE:

____ / ____ / ____

SOCIAL SECURITY:

____ - ____ - ____

DRIVER'S LICENSE NUMBER

For Office Use Only

Insurance Card(s) Scanned

Driver's License Scanned

As a courtesy, The Smile Shack will process your dental claims for you. If you would like to opt in for this service, it is vital that ALL of the information requested below is provided prior to your first/next visit. If your information is incomplete or faulty, the obligation to file your dental claims reverts back to the responsible party. **I have read and agree to these terms.**

PRIMARY DENTAL INSURANCE COMPANY _____ GROUP No. _____

RELATIONSHIP to POLICY HOLDER: SELF SPOUSE CHILD OTHER INS. PHONE: (____) _____

INS. ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

POLICY HOLDER'S NAME: _____ EMPLOYER: _____

MEMBER ID: _____ SSN: _____ BIRTHDATE: _____

MEMBER ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PHONE: (____) _____ SPECIAL NOTE: _____

OFFICE USE ONLY: INSURANCE VERIFIED ANNUAL DEDUCTIBLE \$ _____ ANNUAL RENEWAL DATE: ____/____/____

SECONDARY DENTAL INSURANCE COMPANY _____ GROUP No. _____

RELATIONSHIP to POLICY HOLDER: SELF SPOUSE CHILD OTHER INS. PHONE: (____) _____

INS. ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

POLICY HOLDER'S NAME: _____ EMPLOYER: _____

MEMBER ID: _____ SSN: _____ BIRTHDATE: _____

MEMBER ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PHONE: (____) _____ SPECIAL NOTE: _____

OFFICE USE ONLY: INSURANCE VERIFIED ANNUAL DEDUCTIBLE \$ _____ ANNUAL RENEWAL DATE: ____/____/____