

# WELCOME!

## NORTH BENTON DENTAL CARE PATIENT REGISTRATION INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Female  Male

Patient SSN \_\_\_\_\_

How did you hear about us?

Yellow Book  Dex-Yellow Pages  Website  Facebook  Friend (name)  Other

Patient's Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Parent's names (if above is a minor) \_\_\_\_\_

If parent/guardian is not present at child's appointment, number he/she can be reached at immediately if need during appointment \_\_\_\_\_

SSN mother \_\_\_\_\_ SSN father \_\_\_\_\_

Parent's employer(s) \_\_\_\_\_

Work phone \_\_\_\_\_