Bristol Park Dental

REGISTRATION FORM

Today's Date:	

PATIENT INFORMATION

Patient's last name:	**First:**	**Middle Initial:**	**Birth date:**	**Sex:**
Address, City, State and Zip Code:			**Preferred Name:**	

Social Security no.:	**Home phone no.:**	**Cell phone no.:**
Occupation:	**Employer:**	**Employer phone no.:**

Primary physician:

RESPONSIBLE PARTY

(Please give your insurance card to the receptionist.)

Person responsible for bill (If someone other than self):	**Birth date:**	**Address (if different):**	**Home phone no.:**
Is this person a patient here?	○ Yes ○ No	**Is this patient covered by insurance?**	○ Yes ○ No
Occupation:	**Employer:**	**Employer address:**	**Employer phone no.:**

Name of primary insurance:

Subscriber's name:	**Subscriber's S.S. no.:**	**Birth date:**	**Policy no.:**	**Group no.:**	**Co-payment:** $

Patient's relationship to subscriber:

Name of secondary insurance (if applicable):	**Subscriber's name:**	**Group no.:**	**Policy no.:**

Patient's relationship to subscriber:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	**Relationship to patient:**	**Home phone no.:**	**Work phone no.:**

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. **I understand that I am financially responsible for any balance. I understand that, if I don't have dental insurance, I must pay for all services at the time of treatment.** I also authorize Bristol Park Dental or insurance company to release any information required to process my claims.

Patient/Guardian signature _____ Date _____

DENTAL INFORMATION

Do your gums bleed when you brush or floss?	Is your mouth dry?
Have you had periodontal (gum) treatments?	Have you had your teeth straightened?
Do you grind your teeth?	Do you have sores or ulcers in your mouth?
Have you had problems with previous dental treatment?	Do you have clicking, popping or soreness in your jaws?
When was your last dental exam?	When were your last dental xrays taken?
Do you have any concerns about visiting the dentist?	