

PATIENT REGISTRATION

First name: _____ MI: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell phone: _____ Work phone: _____
 Email: _____ Male Female Preferred name: _____

* For your convenience, our appointment confirmation system is through text and email.

Date of birth: _____ SSN#: _____ Driver's license #: _____

Please check: Minor Single Married Divorced Widowed

If student, name of school/college: _____ City: _____ Full time Part time

Patient or parent/guardian employer: _____

Spouse employer: _____

Emergency contact: _____ Phone: _____ Alt. phone: _____

How did you hear about our office? _____

Whom may we thank for referring you to Millard Oaks Dental? _____

Are any immediate family members current patients? If yes,
 name(s): _____ **Responsible Party (if other than above)**

Full name: _____ Relationship to patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Email: _____ Male Female

Driver's License: _____ Date of birth: _____ SS#: _____

Employer: _____

Employer address: _____ City: _____ State: _____

Is this person currently a patient in our office? Yes No

Insurance Information (please provide a copy of card if applicable)

Name of insured: _____ Relationship to patient: _____

Date of birth: _____ SSN#: _____

Name of Employer: _____ Work number: _____

Address of Employer: _____ City: _____ State: _____

Dental Insurance Company: _____

Group #: _____ ID#: _____

Do you have any additional dental insurance: Yes No If yes, please provide card and information. **Second Insurance**

Name of insured: _____ Relationship to patient: _____

Date of birth: _____ SSN#: _____

Name of Employer: _____ Work number: _____

Address of Employer: _____ City: _____ State: _____

Dental Insurance Company: _____

Group #: _____ ID#: _____

Our mission at Millard Oaks Dental is to provide exceptional oral health care to our patients with well-trained staff in a welcoming environment. Our team values integrity and building relationships with our patients to make each visit as pleasant and comfortable as possible. We appreciate you sharing all of this necessary information so that we may better serve you.