

# Laurelwood Dental

## Adult Registration

### About You

Today's Date: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_  
Last First MI

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ When are best times to reach you? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_ or \_\_\_\_\_  
Friend/Relative/Doctor Internet Site

Employer: \_\_\_\_\_ How long there? \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street / PO Box City State Zip

### Contact Information In Case of Emergency

His / Her Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Spouse Information

His / Her Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### Dental Insurance Information

Primary Insurance Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Group / Plan #: \_\_\_\_\_

ID#: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_  
Street / PO Box City State Zip

Insured's Name: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_ Insured's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Group / Plan #: \_\_\_\_\_

ID#: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_  
Street / PO Box City State Zip