Loyal
DENTAL SPECIALTIES

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***How did you hear about our office?___________________________

PATIENT REGISTRATION

First Name: ____________ Last Name: ____________ Middle Initial: ______
Patient is: ☐ Policy Holder ☐ Responsible Party
Preferred Name: ____________

Responsible Party (if someone other than the patient)

First Name:____________ Last Name: ____________ Middle Initial:______
Address:____________
City:____________ State: ____________ Zip: ____________
Home Phone: ____________ Work Phone: ____________ EXT:_____ Cell Phone:____________
Birth Date: ____________ Soc Sec#: ____________ Driver's Lic:____________
☐ Responsible Party is also a Policy Holder for Patient ☐ Primary Insurance Policy Holder ☐ Secondary Insurance Policy Holder

Patient Information

Address:____________
City: ____________ State: ____________ Zip: ____________
Home Phone: ____________ Work Phone:____________ EXT:_____ Cell Phone:____________
Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Birth Date: ____________ Soc Sec#:____________ Driver's Lic:____________
Email: ____________ ◯ I would like to receive correspondences via email
Employment Status: ☐ Full Time ☐ Part Time ☐ Retired
Student Status: ☐ Full Time ☐ Part Time

Primary Insurance Information

Name of Insured: ____________ Relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other
Insured Soc Sec#: ____________ Insured Birth Date: ____________
Employer: ____________ Insurance Company:____________
Address: ____________ Address: ____________
City: ____________ State: ______ Zip: ______ City: ____________ State: ______ Zip:______
Rem Benefits:____________ Rem. Deduct:____________

Seconday Insurance Information

Name of Insured: ____________ Relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other
Insured Soc Sec#: ____________ Insured Birth Date:____________
Employer: ____________ Insurance Company:____________
Address: ____________ Address: ____________
City: ____________ State: ______ Zip: ______ City: ____________ State: ______ Zip:______
Rem Benefits:____________ Rem. Deduct:____________