

**Totem Lake Smiles Patient Registration**

Patient Name:(First)\_\_\_\_\_ (Last)\_\_\_\_\_ (MI)\_\_\_\_\_

Birthdate:\_\_\_\_\_ Soc Sec:(required over18yrs)\_\_\_\_\_ Nickname:\_\_\_\_\_

Street Address:(no PO Box)\_\_\_\_\_ Apt:\_\_\_\_\_

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

Home Ph:\_\_\_\_\_ Work Ph:\_\_\_\_\_ Cell Ph:\_\_\_\_\_

Preferred Contact Number: (circle) Home Work Cell Email:\_\_\_\_\_

I would like appointment reminders & confirmations by: (circle) Text Email Phone

Sex: (circle) Male Female Marital Status: (circle) Married Single Divorced Separated Widowed

Spouse/Parent Information: Name\_\_\_\_\_ Birthdate:\_\_\_\_\_

Previous Dentist:(Name & Ph)\_\_\_\_\_ Last Visit:\_\_\_\_\_

Emergency Contact:\_\_\_\_\_ Phone:\_\_\_\_\_ Referred by:\_\_\_\_\_

**Responsible Party/Billing Information: (if different from above)**

Name:(First)\_\_\_\_\_ (Last)\_\_\_\_\_ (MI)\_\_\_\_\_

Birthdate:\_\_\_\_\_ Soc Sec:(required)\_\_\_\_\_

Relation to Patient:\_\_\_\_\_ Email:\_\_\_\_\_

Billing Address:(PO Box ok)\_\_\_\_\_ Apt:\_\_\_\_\_

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

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Preferred Contact Number: (circle) Home Work Cell

**Primary Insurance Information:**

Primary Policyholder Name:\_\_\_\_\_ Birthdate:\_\_\_\_\_

Soc Sec:\_\_\_\_\_ ID#:(if different from SSN)\_\_\_\_\_

Employer:\_\_\_\_\_ Employer Phone:\_\_\_\_\_

Insurance Co Name:\_\_\_\_\_ Insurance Phone:\_\_\_\_\_

Claims Mailing Address:\_\_\_\_\_

Group#:\_\_\_\_\_ Group Name:\_\_\_\_\_

**Secondary Insurance Information:**

Secondary Policyholder Name:\_\_\_\_\_ Birthdate:\_\_\_\_\_

Soc Sec:\_\_\_\_\_ ID#:(if different from SSN)\_\_\_\_\_

Employer:\_\_\_\_\_ Employer Phone:\_\_\_\_\_

Insurance Co Name:\_\_\_\_\_ Insurance Phone:\_\_\_\_\_

Claims Mailing Address:\_\_\_\_\_

Group#:\_\_\_\_\_ Group Name:\_\_\_\_\_