

# Plaza Dental PA

Michael E. Bergstein DDS – Kyle J. Nordeen DDS

## PATIENT REGISTRATION FORM

### **Patient Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

FT College Student? \_\_\_\_\_ Name of School \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Responsible Party (if patient is a minor)**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Social Security# \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

### **Primary Insurance**

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Social Security No: \_\_\_\_\_ Other ID# \_\_\_\_\_

### **Secondary Insurance**

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Social Security No: \_\_\_\_\_ Other ID# \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Signature Patient/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_