

## First Impression Dental Registration

Date of Birth \_\_\_\_\_ Male ☐ Female ☐

Patients Name: \_\_\_\_\_

(If Child) Parents Name: \_\_\_\_\_

How do you wish to be addressed? \_\_\_\_\_

### Patient Address & Phone Number

Street Address: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Work \_\_\_\_\_ Updated Cell: \_\_\_\_\_

Patient/Parent Employed by: \_\_\_\_\_

Present Position: \_\_\_\_\_

Spouse/Parent Name: \_\_\_\_\_

Spouse Employed by: \_\_\_\_\_

Present Position: \_\_\_\_\_

Who is responsible for this account? \_\_\_\_\_

Driver's License # \_\_\_\_\_

Family member in this practice: \_\_\_\_\_

Whom may we thank for referral? \_\_\_\_\_

Patient/Parent Social Security # \_\_\_\_\_

Spouse/Parent Social Security # \_\_\_\_\_

Someone outside your home in case of emergency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Reason \_\_\_\_\_

Previous Dentist: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Reason \_\_\_\_\_

Dentist Phone: \_\_\_\_\_ Last Cleaning \_\_\_\_\_