Trussville Dentistry

New Patient Registration Form

Name: _____

Home Address: _____

City: _____***State***: _____ ***Zip***: _____

Home Phone: _____ ***Cell Phone***: _____

Work Phone: _____

Email: _____

Date of Birth: _____

SSN: _____-_____-_____

How do you prefer to be contacted for appointment reminders? (Circle)

Phone Call Text Message Email Postcard

Marital Status: (Circle) Single Married Divorced Widowed

Sex: (Circle) Male Female ***Employer***: _____

Emergency Contact: _____ ***Emergency Contact Phone:*** _____

HOW DID YOU HEAR ABOUT US?

Circle One: Internet Search Website Facebook Yellow Pages Postcard Radio

Friend/Family Member: _____ Staff Member: _____

Other: _____

What Do You Value Most in Dentistry?

	Cosmetics	You most value how your teeth look
	Function	You most value an ability to enjoy your favorite food/drinks
	Comfort	You most value NOT being in pain or having sensitivity
	Longevity	You most value the ability to have your natural teeth forever.

INSURANCE INFORMATION

Primary Insurance Co: _____

Subscribers Name (Policy Holder): _____

Employer of Policy Holder: _____

Policy Holder's Social Security Number: _____-_____-_____

Policy Holder's Birth Date: ___MM____/____DD____/_____YYYY_____

Contract/ID #: _____ Group #:_____

Secondary Insurance Co: _____

Subscribers Name (Policy Holder): _____

Employer of Policy Holder: _____

Policy Holder's Social Security Number: _____-_____-_____

Policy Holder's Birth Date: __MM____/___DD____/____YYYY_____

Contract/ID #: _____ Group #:_____

CONSENT FOR TREATMENT

I hereby authorize Dr. Latimer to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Latimer to make a thorough diagnosis of my dental needs. I also authorize Dr. Latimer to prescribe all forms of medication and perform any therapy that may be indicated and agreed upon.

Signature_____ Date: _____