

Burien Children's Dentistry

14257 Ambaum Blvd SW, Suite 201 • Burien, WA 98166 • Phone: (206) 246-4559

PATIENT REGISTRATION

CHILD'S INFORMATION		ACCOUNT #
NAME (Last, First, Middle Initial)		DATE OF BIRTH AGE
NICKNAME		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS		PHONE
CITY, STATE, ZIP		

RESPONSIBLE PARTY

NAME (Last, First, Middle Initial)		DATE OF BIRTH
ADDRESS		SOCIAL SECURITY NUMBER
CITY, STATE, ZIP		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married
HOME PHONE	MESSAGE PHONE	CELL PHONE
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		RELATIONSHIP TO PATIENT <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
PREFER <input type="checkbox"/> Morning Appointment <input type="checkbox"/> Afternoon Appointment		WORK PHONE
EMPLOYER		E-MAIL ADDRESS
OCCUPATION		

OTHER MEMBERS OF YOUR FAMILY SEEN BY THIS OFFICE

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY? (Not Living With You)

NAME	PHONE
ADDRESS	

REFERRED TO THIS OFFICE BY:

NAME	PHONE
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INSURANCE INFORMATION

PRIMARY COVERAGE		SECONDARY COVERAGE	
SUBSCRIBER'S NAME		SUBSCRIBER'S NAME	
DATE OF BIRTH	RELATIONSHIP TO PATIENT	DATE OF BIRTH	RELATIONSHIP TO PATIENT
INSURANCE COMPANY		INSURANCE COMPANY	
SOCIAL SECURITY NUMBER OR ID #		SOCIAL SECURITY NUMBER OR ID #	
GROUP NUMBER		GROUP NUMBER	
LOCAL NUMBER OR POLICY NUMBER		LOCAL NUMBER OR POLICY NUMBER	
EMPLOYER		EMPLOYER	
OCCUPATION		OCCUPATION	
UPDATED ON	SIGNATURE	DATE	