

# Burien Children's Dentistry

14411 Ambaum Blvd SW, Suite B • 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	
PREFER <input type="checkbox"/> Morning Appointment <input type="checkbox"/> Afternoon Appointment			RELATIONSHIP TO PATIENT	
EMPLOYER			WORK PHONE	
OCCUPATION			E-MAIL ADDRESS	

## 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	