



PIERCE & RYAN DENTISTRY
Patient Registration

First Name: _____ Last Name: _____ Middle Initial: _____ Preferred Name: _____

Patient is: Policy Holder Responsible Party (patient if 18+) Minor (patient >18)

How did you hear about us?

- Referred by: _____
 Internet Search
 Drove by office
 Other: _____

Patient Information:

Address: _____ Address 2: _____
City: _____ State / Zip: _____ / _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Ext: _____
Birth Date: _____ Age: _____ SSN: _____ (required for insurance processing) Drivers License Number: _____
Sex: Male Female
Marital Status: Married Single Divorced Separated Widowed

E-mail: _____ Confirm appointments via: Phone E-mail Text Message

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____

Responsible Party (if patient is a minor)

Name: _____ Signature: _____
Address: _____ Address 2: _____
City: _____ State / Zip: _____ / _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Ext: _____
Birth Date: _____ Age: _____ SSN: _____ Drivers License Number: _____

Primary Dental Insurance Information:

Policy Holder (Name): _____ Relationship to Insured: Self Spouse Child Other:
Policy Holder SSN: _____ Policy Holder Birth Date: _____
Employer: _____
Insurance Company: _____ Phone Number: _____
City: _____ State / Zip: _____ / _____

Secondary Dental Insurance Information:

Policy Holder (Name): _____ Relationship to Insured: Self Spouse Child Other:
Policy Holder SSN: _____ Policy Holder Birth Date: _____
Employer: _____
Insurance Company: _____ Phone Number: _____
City: _____ State / Zip: _____ / _____

Patient Signature: _____

Date: _____