

Welcome To Our Office

Date _____

| | | | | | |
|---|--------------|-------|---|---|--------|
| REGISTRATION INFORMATION | | | EMERGENCY CONTACT | | |
| LAST NAME | FIRST | M | NAME | RELATIONSHIP | |
| HOW DO YOU WISH TO BE ADDRESSED | | | PHONE | | |
| WHO IS RESPONSIBLE FOR THIS ACCOUNT | | | PAYMENT IS DUE IN FULL AT TIME OF TREATMENT | | |
| MARRIED | SINGLE | CHILD | SELF | SPOUSE | PARENT |
| MALE | FEMALE | | OTHER | | |
| RESPONSIBLE PARTY | | | RESPONSIBLE PARTY | | |
| LAST NAME | | | FIRST | | M |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| HOME PHONE | WORK PHONE | | HOME PHONE | WORK PHONE | |
| CELL PHONE | | | CELL PHONE | | |
| DATE OF BIRTH | SS# | | DATE OF BIRTH | SS# | |
| HEIGHT | WEIGHT | | EMPLOYER NAME | | |
| HAIR COLOR | EYE COLOR | | EMPLOYER STREET ADDRESS | | |
| EMAIL ADDRESS | | | EMPLOYER CITY | ST | ZIP |
| WHERE WOULD YOU LIKE TO BE CONTACTED? | | | FLEX BENEFIT INFORMATION | | |
| HOME | WORK | EMAIL | TEXT | ARE YOU ELIGIBLE TO PARTICIPATE IN A FLEX PLAN? | |
| | | | YES | | NO |
| ADULTS WHO MAY ACCOMPANY CHILD | | | DO YOU PARTICIPATE IN A FLEX PLAN? | | |
| NAME | RELATIONSHIP | | YES | | NO |
| NAME | RELATIONSHIP | | WOULD YOU LIKE TO KNOW HOW WE CAN HELP YOU SAVE MONEY THROUGH UTILIZING YOUR (DENTAL) FLEX ACCOUNT? | | |
| | | | YES | | |
| | | | NO | | |
| MOST OF OUR PATIENTS DO NOT HAVE DENTAL INSURANCE. IF YOU DO, PLEASE COMPLETE OTHER SIDE. | | | | | |
| WHO RECOMMENDED YOU TO US? | | | | | |
| WORD OF MOUTH (NAME) | | | AT&T – MADISON/DANE COUNTY | | |
| PATIENT (NAME) | | | TDS – BLACK EARTH, VERONA, WAUNAKEE | | |
| OUR SIGN OR LOCATION | | | VERIZON – BLACK EARTH | | |
| NEWSPAPER (SPECIFIC) | | | VERIZON – DODGEVILLE | | |
| INSURANCE (SPECIFIC) | | | VERIZON - MADISON | | |
| MT. HOREB TELEPHONE BOOK | | | YELLOW BOOK – MADISON | | |
| OUR WEB SITE: FAMILYDENTALCARELLC.COM | | | YELLOWPAGES.COM | | |

Signature