



Regina Mortland Dentistry

Welcome!

New Patient Information

Name _____ Birthdate _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Circle Appropriate Status: Minor Single Married Divorced Widowed Separated

Patient or Parent's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Whom may we thank for referring you? _____

Emergency Contact _____ Phone _____

Other family members who are patients here _____

Dental Insurance Information

Name of Subscriber _____ Relationship to Patient _____

Birthdate _____ Soc. Sec. # _____

Name of Employer _____ Work Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Group # _____ Policy # _____

Ins. Co. Address _____ City _____ State _____ Zip _____

Consent

I have read and agree to the billing policies of this office.

I consent to the taking of x-rays as needed for diagnosis and treatment.

I have read and understood the Notice of Privacy Practices.

I consent to the use and disclosure of my health information to carry out treatment and payment activities.

Print Name

Signature

Date

If not the patient, relationship to patient _____