



Registration Information for a Dependent

Patient Name: _____ ☐ Male ☐ Female
Last First MI Preferred Name

Soc Sec #: _____ Birth Date: _____ Phone (Home): _____ (Cell): _____

Home Address: _____
Street City State Zip

Name of Parent of Guardian: _____ ☐ Male ☐ Female
Last First MI

Emergency Contact Name and Phone: _____
Name Phone Number

Other members of your immediate family who are patients in our office: _____

Who can we thank for referring you? _____

Responsible Party Information

Name: _____ ☐ Male ☐ Female Relationship to patient: _____
Last First

Address: _____
Street City State Zip

Soc Sec #: _____ Birth Date: _____ Phone (Home): _____ (Cell): _____

E-Mail Address: _____ Would you like text/email reminders? ☐ Yes ☐ No

Employer Name: _____ ☐ Married ☐ Single ☐ Other

Work Phone Number: _____ Primary Insurance holder ☐ Secondary Insurance holder ☐

Appointment Policy

We require 48 hours notice for appointment cancellations. Appointment changes without adequate notice may be subject to a fee of up to \$50.00, payable by the patient and not the insurance company.