

JOPLIN FAMILY DENTAL

"Your Teeth....Your Health....Our Commitment!"

4402 E. 32nd St., Ste. B Joplin, MO 64804 417-781-2900

Thank you for selecting our dental health care team. The goal of our office is to help you have a healthy and beautiful smile. To help us meet all of your dental health needs, please fill out this form completely.

REGISTRATION

PATIENT INFORMATION (please print)		Date _____
Name _____ <i>first middle last</i>		
I prefer to be called _____		
Address _____		
City _____	State _____	Zip _____
SS# _____	Date of Birth _____	
Home Phone _____	Work Phone _____	ext. _____
Cell Phone _____	E-Mail Address _____	
Can you receive calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the best time to reach you? _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Minor <input type="checkbox"/> Single
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Occupation _____	Employer _____	
Spouse's Name _____		
Spouse's Occupation _____ Spouse's Employer _____		
DENTAL INSURANCE		
PRIMARY (if different from patient)	SECONDARY	
Insured's Name _____	_____	
Relationship _____	_____	
Insured's Date of Birth _____	_____	
Insured's SS# _____	_____	
Insured's Employer _____	_____	
SOMEONE NOT LIVING WITH YOU TO NOTIFY IN CASE OF AN EMERGENCY		
Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	ext. _____ Cell Phone _____
<input type="checkbox"/> Parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Co-Worker <input type="checkbox"/> Relative
IS ANOTHER MEMBER OF YOUR FAMILY A PATIENT AT OUR OFFICE?		
Name _____	Relationship _____	
WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?		
<input type="checkbox"/> Relative (Relationship _____)	<input type="checkbox"/> Friend	<input type="checkbox"/> Co-Worker <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website
<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook <input type="checkbox"/> Other _____