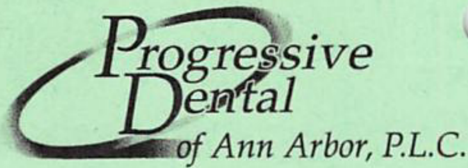

PATIENT REGISTRATION E-Mail ______________________

Name ______________________ Name you would like us to call you ______________________

Phone: Home ____________ Business ____________ Cell ____________ Sex: Male Female

Address ______________________ City ______________ State _____ Zip ________

Employer ______________________ Marital Status ______________ Birthdate ____________

Social Security No. ______________________ Drivers License # ______________________

Whom may we thank for referring you ____

If over age 18 are you a full time student? ____________ **Name of School** ______________________

BILLING INFORMATION

Responsible Party ______________________ Relationship to Patient ______________________

Address (If Different) ______________________ City ______________ State _____ Zip ________

Telephone: Home ______________________ Business ______________________

Social Security No. ______________________ Employer ______________________

PATIENTS WITH DENTAL INSURANCE

Insured's Name ______________________ Soc. Sec. # ______________ Birthdate ____________

Insurance Company ______________________ Group # ______________________

Employer ______________________ Business Telephone ______________________

SECONDARY INSURANCE

Insured's Name ______________________ Soc. Sec. # ______________ Birthdate ____________

Insurance Company ______________________ Group # ______________________

Employer ______________________ Business Telephone ______________________

I hereby authorize payment to Progressive Dental of the group benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize Progressive Dental to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history are correct to the best of my knowledge. Before any financial arrangements are made I authorize PDA the right to obtain a credit report.

Patient's Signature ______________________________ **Date** ______________________