PATRICIA CONN, DDS
COMPREHENSIVE DENTISTRY

2372 Main Street Ferndale, WA 98248
Phone: (360) 384-5902
Fax: (360) 384-5732
ferndaledds@gmail.com

PATIENT REGISTRATION

Today's Date _____

Patient Information

Name _____ Birthdate _____ SSN _____

Preferred Name _____ Marital Status: ❑ Minor ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Cell Phone _____ Alternate Phone _____

Work Phone _____ Driver's License Number _____

Street Address_____ City, State, Zip _____

Email Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

Relationship to Emergency Contact _____ Whom May We Thank for Referring You?_____

Responsible Party (If Different From Above)

Name of Person Responsible for Payment _____ Currently a patient in our Office? ❑ Yes ❑ No

Relationship to Responsible Party _____ Birthdate _____

Billing Address_____ City, State, Zip _____

Cell Phone _____ Alternate Phone _____

Primary Dental Insurance Information

Name of Insured/Subscriber _____ Relationship to Patient _____

Subscriber's Birthdate _____ Member/Subscriber ID Number or SSN _____

Subscriber's Employer _____ Group Number _____

Dental Insurance Company _____ Insurance Company Phone _____

Insurance Address (from the back of your card) _____ City, State, Zip _____

Secondary Dental Insurance Information

Name of Insured/Subscriber _____ Relationship to Patient _____

Subscriber's Birthdate _____ Member/Subscriber ID Number or SSN _____

Subscriber's Employer _____ Group Number _____

Dental Insurance Company _____ Insurance Company Phone _____

Insurance Address (from the back of your card) _____ City, State, Zip _____