

# Jackson Creek Dental

## Patient Registration

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Sex  Male  Female  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  may we text you to confirm/schedule appts  
Email: \_\_\_\_\_  may we email you to confirm/schedule appts

Last dental or cleaning/prophy visit: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Responsible Party (If underage)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Primary Insurance Information

Name of Insured: _____	Insurance Company Information
Insured SS #: _____	Name: _____
Employer: _____	Address: _____
Address: _____	Phone: _____
City, State, Zip: _____	

Relationship to Insured:  Self  Spouse  Child  Other

How did you find out about our practice?

- Family/Friend \_\_\_\_\_
- Insurance Provider \_\_\_\_\_
- Yellowpages *book or online*
- Yellowbook *book or online*
- Internet Search Engine  Google  Yahoo  Yelp
- Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_