

**BLACK MOUNTAIN FAMILY DENTISTRY  
REGISTRATION FORM**

Name: (Last) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (First) \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Single     Married     Widowed     Divorced

Employed By: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If self-employed, name of business/address: \_\_\_\_\_ Phone: \_\_\_\_\_

YES     NO    Are you a full time student? If so, which school? \_\_\_\_\_

Referred By:  Friend/Patient: \_\_\_\_\_  Insurance Plan: \_\_\_\_\_  Yellow Pages  Sign  Ad/Flyer

Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Person to notify in an emergency (not living with you): \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Payment:     Cash     Check     Credit/Debit Card

**Dental Insurance Information**

Subscriber is:  Self     Husband     Wife     Mother     Father    Insurance Plan Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_

YES     NO    Are you covered by a second insurance company?

If yes, name of 2<sup>nd</sup> insurance company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Must complete if under 18 or full time student/Responsibility Party Information Required**

Mother's Name: \_\_\_\_\_ Mother's Social Security No: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Social Security No: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please Turn The Page!*