

LAKE MANASSAS DENTAL CENTER, LLC

Patient Registration

Name _____ Preferred Name: _____
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Sex _____ SSN# _____

Phone: Home Phone () _____ In Case of Emergency:
Work Phone () _____ Contact _____
Pager/Cell Phone () _____ Phone () _____
Email: _____ Relationship _____

What is the best way to contact you? _____

How did you hear about us? _____

Why did you leave your last dentist? _____

Responsible Party for the Account (Complete if Different from Patient)

Name _____
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Sex _____ SSN# _____

Phone: Home Phone () _____ Pager/Cell Phone () _____
Work Phone () _____ Email: _____

Insurance Information

Primary Dental Carrier

Insurance Co. Name _____
Subscriber ID _____
Primary Subscriber Name _____
Primary Insured DOB _____
Primary Insured SSN# _____

Secondary Dental Carrier

Insurance Co. Name _____
Subscriber ID _____
Subscriber Name _____
Insured DOB _____
Insured SSN# _____

Authorization

1. I certify that the information provided is accurate and may be relied upon for granting credit and providing dental services.
2. By signing below, I authorize that you may verify and exchange information on me and any additional applicants, including requiring reports from credit reporting agencies.
3. I authorize payment directly to **Lake Manassas Dental Center** of any group insurance benefits otherwise payable to me. I understand that I am financially responsible for any charges not covered by the authorization. I authorize release of any information related to any dental claim or claims.
4. I authorize the dentist(s) or designated staff to perform dental services to perform a through diagnosis. I authorize the dentist(s) to perform all recommended treatment including the use of local anesthesia and other medication as prescribed and mutually agreed upon by me.

Signature: _____ Date: _____
(Signature of Responsible Party or Patient. Parent if patient is a minor)