

**PATIENT REGISTRATION**  
**Douglas J. Hinterman, DDS**



Date \_\_\_\_\_

Patient name \_\_\_\_\_ Primary Contact Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

How would you like appointment reminders? \_\_\_ email \_\_\_ text \_\_\_ personal call

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M F Married \_\_\_ Single \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Anyone you would like us to thank for referring you to our office? \_\_\_\_\_

Previous Dentist Name \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Date of Last X-Rays \_\_\_\_\_ Were X-Rays forwarded to our office? \_\_\_\_\_

Insurance information: We would like your financial responsibility taken care of on the day the service is performed, unless other arrangements are made with the front office. The filing of your insurance is a courtesy provided for you, and remittance is expected.

**DENTAL INSURANCE**

Ins Co Name \_\_\_\_\_ Group # \_\_\_\_\_

Insured's employer \_\_\_\_\_ Phone # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Insured's address (if different) \_\_\_\_\_

**ADDITIONAL DENTAL INSURANCE:**

Ins Co Name \_\_\_\_\_ Group # \_\_\_\_\_

Insured's employer \_\_\_\_\_ Phone # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

**\*IF UNDER AGE (18 ) Parent or legal guardian**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_