

Lauren Brownfield, DDS, MS
PATIENT REGISTRATION

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____

Patient is: Policy Holder Responsible Party

Responsible Party (if someone other than the patient):

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Address 2: _____

City, State, Zip Code: _____ Pager #: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Birth Date: _____ Soc Sec #: _____ Driver's Licence #: _____

Responsible Party is also a Policy Holder for Patient Primary Insurance Policy Holder Secondary Insurance Policy Holder

Patient Information:

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Pager #: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birth Date: _____ Age: _____ Soc Sec #: _____ Driver's Licence #: _____

E-mail address: _____ I would like to receive correspondence via e-mail.

Section 2

Employment Status: Full Time Part Time Unemployed Retired

Student Status: Full Time Part Time None

Medicaid ID: _____ Pref. Dentist: _____

Employer ID: _____ Pref. Pharmacy: _____

Carrier ID: _____ Pref. Hyg.: _____

Section 3

Previous Dentist: _____

Emergency Contact: _____

Emergency Contact #: _____

PreMed Necessary?: _____

Primary Insurance information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____ Address: _____

Address 2: _____ Address 2: _____

City, State, Zip: _____ City, State, Zip: _____

Remaining. Benefits: _____ Remaining Deductible: _____

Secondary Insurance information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____ Address: _____

Address 2: _____ Address 2: _____

City, State, Zip: _____ City, State, Zip: _____

Remaining. Benefits: _____ Remaining Deductible: _____