MARTIN DENTISTRY
Broad Ripple & Fishers

PATIENT REGISTRATION

ID: _____ Chart ID: _____

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

Patient Is: ☐Policy Holder Preferred Name: _____

☐Responsible Party

Responsible Party (if someone other than the patient)

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

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone:_____ Work Phone: _____ Ext: _____ Cell: _____

Birth Date:_____ Soc. Sec:_____

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

Patient Information

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

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone:_____ Work Phone: _____ Ext: _____ Cell: _____

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

Birth Date:_____ Age:_____ Soc. Sec:_____

E-mail:_____ ☐ I would like to receive correspondences via e-mail

In case of emergency contact: _____ Phone Number: _____

Primary Insurance Information

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

Insured Soc. Sec:_____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____ Address: _____

Address 2: _____ Address: _____

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

Remaining Benefits: _____.00 Remaining Deductible: _____.00

Secondary Insurance Information

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

Insured Soc. Sec:_____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____ Address: _____

Address 2: _____ Address: _____

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

Remaining Benefits: _____.00 Remaining Deductible: _____.00

Signature: _____ Date: _____

MARTIN DENTISTRY
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Complete Family and Cosmetic Dentistry

At our office we would like your experience to be a pleasant one. We would like you to feel comfortable while you are here and feel comfortable referring your friends and family. We offer a wide range of dental services: cleanings, periodontal treatment (for gum disease), white fillings, crowns, and same-day crowns, bridgework, veneers and tooth whitening, implant services, tooth removal, root canals, dentures and much more.

It is not a surprise that the dental office is not everyone's favorite place to visit. Our goal is to change that opinion. Please help us to serve you better by answering the following questions.

What did you like or dislike about your last dental office?

_____
_____
_____

What is your main concern for today's visit?

_____
_____
_____

Is there anything about your smile that you would like to change?

_____
_____
_____

What would you like to learn more about?

_____
_____
_____

Do you have any suggestions?

_____
_____
_____

How did you hear about us?

_____
_____
_____

Person who referred you? _____

Last Revision 1/7/2010