

Mountain View Family Dentistry
3055 NC Hwy 127 S
Hickory, NC 28602
(828) 294-1448

REGISTRATION FORM

Date _____

Section 1

Patient Information

Name: _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Social Security Number: _____ You can contact me at work

Check Appropriate Box: Minor Single Married Widowed Separated Divorced

If Student, Name of School: _____ City/State: _____ FT PT

Spouse or Parent's Name: _____ Employer: _____ Work Phone: _____

Person to contact in case of emergency: _____ Phone: _____

Whom may we thank for referring you? _____

Email Address: _____ Would you like to receive our e-notifications? Yes No

Section 2

Responsible Party

Relationship to Patient: Self (Skip to Section 3) Spouse Parent Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Employer: _____ Work Phone: (____) _____ SSN#: _____

Section 3

Dental Insurance Information

Name of Insured: _____ DOB: _____ Relationship to Patient: _____

SSN#: _____ Name of Employer: _____ Work Phone: (____) _____

Address of Employer: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Grp #: _____ ID#: _____

Ins Co Address: _____ Ins Co. Phone: _____