



Casey Patterson, DDS
2925 Sycamore Drive, Suite 107
Simi Valley, California 93065

Patient Registration

PATIENT INFO

First Name: _____ Last Name: _____ Preferred Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ Text Confirmation: YES NO

Work Phone: _____ OK to call: YES NO Email: _____

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

DOB: _____ Age: _____ SSN: _____ Driver's License: _____

Employment Status: Full-Time Part-Time Retired Student

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

RESPONSIBLE PARTY

First Name: _____ Last Name: _____ Preferred Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ Text Confirmation: YES NO

Work Phone: _____ OK to call: YES NO Email: _____

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

DOB: _____ Age: _____ SSN: _____ Driver's License: _____

PRIMARY INSURANCE INFORMATION

Policy Holder's Name: _____ DOB: _____ SSN: _____

Relationship to Patient: Self Spouse Child Other _____ Member ID: _____

Insurance Company: _____ Employer: _____

SECONDARY INSURANCE INFORMATION

Policy Holder's Name: _____ DOB: _____ SSN: _____

Relationship to Patient: Self Spouse Child Other _____ Member ID: _____

Insurance Company: _____ Employer: _____

I acknowledge it is my responsibility to update my personal and insurance information. In signing below I state the above information is correct.

Patient/Guardian Signature: _____

Date: _____