

Manchester Dentistry & Implants, PLLC.

20 Webster Street

Manchester, NH 03104

Patient Registration

Patient's Name _____ Birth Date _____
Sex: M / F Marital Status: S M W D SS# _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____
Cell phone () _____ E-Mail Address _____
What number is best to call to confirm appointments at? (Home Work Cell) _____
If you are a full time student, what school are you enrolled in? _____
How did you hear about our practice? Yellow pages, Other _____
Friend/Relative, if so whom? _____
Emergency Contact: _____ Phone _____

Person Responsible for this Account (if different than above)

Relationship to patient () Self () Spouse () Parent/Guardian

*If self, skip to insurance section

Name _____ Birth Date _____ Sex: M / F

Does the person and patient reside in the same household? Yes No

* If yes, please skip to insurance

section

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Is Patient Covered By Dental Insurance () Yes () No

Employee's Name _____ Birth Date _____ Sex: M / F

SS# or Subscriber Number (shown on card) _____

Employer's Name _____ Group Number _____

Insurance Company _____

Address _____ City _____

State _____ Zip Code _____

Phone Number () _____

Secondary Dental Insurance

Employee's _____ Birth Date _____ Sex: M F

SS# or Subscriber Number (shown on card) _____

Employer's Name _____ Group Number _____

Insurance Company _____

Address _____ State _____ Zip Code _____

Phone Number () _____

Date _____

Signature _____

****Please see other side****