Tustin Dental Wellness

REGISTRATION FORM

PATIENT INFORMATION

Date_____

SS/HIC/Patient ID #_____

Patient Name _____
Last Name

_____
First Name Middle Initial

Address_____

City_____

State _____Zip code _____

Sex ☐ Male ☐ Female Age _____

Birth Date _____

☐ Single ☐ Married ☐ Widowed ☐ Minor

☐ Separated ☐ Divorced ☐ Partnered for _____yrs

Patient Employer/School _____

Occupation _____

Employer/School Address_____

_____

Employer/School Phone_____

Spouse Name _____

Birth Date_____

SS#_____

Spouse Employer_____

Whom may we thank for referring you?

_____

DENTAL INSURANCE

Who is responsible for this account? _____

Relationship to patient _____

Insurance Co._____

Group # _____

Is patient covered by additional Insurance? ☐ Yes ☐ No

Subscriber's Name_____

Birth Date_____ SS # _____

Relationship to Patient _____

Insurance Co._____

Group # _____

Assignment and Release

I certify that I, and/or my dependent(s),have insurance coverage with

_____
Name of Insurance Company(ies)

And assign directly to Dr. Joanne Lynne S. Fernando all insurance benefit, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by the insurance. I authorize the use of my signature on all insurance submissions.

The above named dentist may use my healthcare information and may disclose such information to the above named insurance company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

_____
Signature of Patient ,Parent ,Guardian or Personal Representative

_____
Please Print name of Patient, Parent, Guardian, or Personal Representative

_____ _____
Date Relationship to Patient

CONTACT INFORMATION

Home Phone _____ Work _____ Ext _____ Cell Phone _____

E-mail_____ Best time and Phone number to reach you _____

Spouse Work # _____ Spouse Cell Phone _____

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household)

Name _____ Relationship_____

Home Phone _____ Work Phone _____