

# DEPENDENT REGISTRATION

1. PATIENT'S LAST NAME		2. FIRST NAME		3. M. INITIAL		4. BIRTHDATE				
5. STREET ADDRESS				6. CITY, STATE, ZIP				8. HOME PHONE ( )		
9. STUDENT FULL TIME ( COLLEGE ONLY)		Y	N	10. UNIVERSITY OR COLLEGE NAME				11. SEX	M	F

## PERSON RESPONSIBLE FOR THIS ACCOUNT OTHER THAN NAMED PATIENT

12. FATHER'S LAST NAME		13. FIRST NAME		14. M. INITIAL		15. HOME PHONE ( )			
16. STREET ADDRESS (IF DIFFERENT)				17. CITY, STATE, ZIP				18. WORK PHONE ( )	
19. EMPLOYED BY				20. BUSINESS ADDRESS					
21. HOW LONG?		HOURLY <input type="checkbox"/>		22. SOCIAL SECURITY NO.				23. BIRTH DATE	
		SALARY <input type="checkbox"/>							
		RETIRED <input type="checkbox"/>							
24. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED (WHO HAS CUSTODY? )									
25. FATHER'S DENTAL INS.			26. DENTAL INS. ADDRESS						
27. GROUP #			28. CONTRACT #				29. INS. PHONE ( )		

## PERSON RESPONSIBLE FOR THIS ACCOUNT OTHER THAN NAMED PATIENT

30. MOTHER'S LAST NAME		31. FIRST NAME		32. M. INITIAL		33. PHONE ( )			
34. STREET ADDRESS (IF DIFFERENT)				35. CITY, STATE, ZIP				36. WORK PHONE ( )	
37. EMPLOYED BY				38. BUSINESS ADDRESS					
39. HOW LONG?		HOURLY <input type="checkbox"/>		40. SOCIAL SECURITY NO.				41. BIRTH DATE	
		SALARY <input type="checkbox"/>							
		RETIRED <input type="checkbox"/>							
42. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED (WHO HAS CUSTODY? )									
43. MOTHER'S DENTAL INS.			44. DENTAL INS. ADDRESS						
45. GROUP #			46. CONTRACT #				47. INS. PHONE ( )		
48. WHEN WAS YOUR LAST DENTAL CHECKUP ?									
REFERRED BY									
PURPOSE OF CALL									

**OVER**