

GILA RIDGE DENTAL

7949 East 24th Street • Yuma, AZ 85365 • (928) 317-1900

PATIENT REGISTRATION

[Patient Information]

Salutation: Mr. Mrs. Ms. Miss Dr. Suffix: Jr. Sr. Other: _____
First Name: _____ Mi. Initial: _____ Last Name: _____
Pref. Name: _____
Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Birth Date: _____ Age: _____ SSN#: _____ Driver's Lic. #: _____
Student Status: Full Time Part Time N/A Name of School: _____
Employment Status: Full Time Part Time Retired N/A
Employer: _____ Work Phone: _____ Ext: _____

Section 2

Address: _____ City, State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____ I would like to receive correspondence via e-mail.

Appointment Reminders: Receive via text Receive via e-mail

How did you hear about our practice? Whom may we thank for your referral? _____

Section 3

Are you a Parent/Guardian of the patient? No Yes
First Name: _____ Mi. Initial: _____ Last Name: _____
Birth Date: _____ Age: _____ Relation to patient: _____

Section 4

Preferred Dentist: Dr. Garner Dr. Thorson
 Dr. Boeskin None
Preferred Pharmacy: _____
Preferred Hygienist: _____
History of Periodontal Disease: No Yes
Former Dentist: _____
Last dental visit: _____

Section 5

Emergency Contact: _____
Relation to patient: _____
Emergency Contact #: _____

[Insurance Information]

****Please present insurance card(s) at check-in.****

Name of Primary Dental Insurance Company: _____
Policy Holder: Self (If self, please skip this section) Spouse Father Mother Other: _____
First Name: _____ Mi. Initial: _____ Last Name: _____
Address: _____ City, State: _____ Zip: _____
Phone: _____ Birth Date: _____ SSN#: _____
Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Employment Status: Full Time Part Time Retired
Employer: _____ Work Phone: _____ Ext: _____

Name of Secondary Dental Insurance Company: _____
Policy Holder: Self (If self, please skip this section) Spouse Father Mother Other: _____
First Name: _____ Mi. Initial: _____ Last Name: _____
Address: _____ City, State: _____ Zip: _____
Phone: _____ Birth Date: _____ SSN#: _____
Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Employment Status: Full Time Part Time Retired
Employer: _____ Work Phone: _____ Ext: _____