375 South End Avenue, Suite B
New York, NY 10280
Call or Text: (212) 786-0930
Fax: (212) 656-1430

E-Mail: contact@batteryparkpediatricdentists.com

New Patient Registration

Patient Information:

Name: _____ Date of Birth: _____/_____/_____

Address: _____

_____

Parent/Guardian Information:

Name: _____ Date of Birth: _____/_____/_____

Social Security #_____-_____-_____

Email Address:_____

Place of Employment: _____

Employer Address:

_____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

How did you hear about us?

_____

Primary Insurance: _____ Dental Insurance ID#: _____

Primary Insured: _____ Date of Birth of Primary Insured: _____/_____/_____

Preferred Contact Method: (In the event that we need to urgently speak with you)

☐ Home ☐ Work ☐ Mobile ☐ E-mail ☐ Text Message

Cell phone carrier: _____ (required, to enable our system to send txt)

Appointment Confirmation Method: (When we need to confirm that you will be keeping the appointment)

☐ Home ☐ Work ☐ Mobile ☐ E-mail ☐ Text Message

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Cleaning Reminder Method: (When we need to reach you to schedule your cleaning appointment)

☐ Home ☐ Work ☐ Mobile ☐ E-mail ☐ Text Message ☐ Do not contact

Are you under a physician's care now? ☐ Yes ☐ No

Is the patient taking any medications, aspirin, vitamins, herbals, pills or drugs? If yes please list them

_____

Is the patient allergic to any medications or substances?

_____

PERSON RESPONSIBLE FOR ACCOUNT ☐ GUARDIAN ☐ FATHER ☐ MOTHER