RadianceDental
"CREATING RADIANT SMILES"

Address: 19301 SE 34th St #101, Camas, WA 98607
Phone: +1 360-369-6420
Opening Hours: 8am – 6pm

Patient Registration

PATIENT NAME: (Last, First, Middle Initial)			DATE OF BIRTH:
ADDRESS:			SOCIAL SECURITY NO:
CITY, STATE, ZIP:			MARITAL STATUS: ☐ Single ☐ Married
HOME PHONE:	CELL PHONE:	WORK PHONE:	BEST CONTACT METHOD: ☐ Home ☐ Cell ☐ Work ☐ Email
PREFER: ☐ Morning Appointment	☐ Afternoon Appointment		RELATIONSHIP TO INSURED: ☐ Self ☐ Spouse ☐ Child
E-MAIL ADDRESS:			SEX: ☐ Male ☐ Female

Other members of your family seen by this office:

NAME:	DATE OF BIRTH:	SOCIAL SECURITY NO:
NAME:	DATE OF BIRTH:	SOCIAL SECURITY NO:

Who should be notified locally in case of emergency?

NAME:	PHONE:
ADDRESS:	

Whom may we thank for referring you? ☐ Insurance List ☐ Website ☐ Sign ☐ Dental Professional ☐ Other:

NAME:	PHONE:

Insurance Information:

PRIMARY COVERAGE	SECONDARY COVERAGE
SUBSCRIBER'S NAME:	SUBSCRIBER'S NAME:
DATE OF BIRTH:	DATE OF BIRTH:
INSURANCE COMPANY:	INSURANCE COMPANY:
SOCIAL SECURITY or ID NO.:	SOCIAL SECURITY or ID NO:
GROUP NUMBER:	GROUP NUMBER:
LOCAL NUMBER OR POLICY NO.:	LOCAL NUMBER OR POLICY NO.:
EMPLOYER:	EMPLOYER:
OCCUPATION:	OCCUPATION:

UPDATED ON:	SIGNATURE:	DATE:

NAME (PRINTED):	SIGNATURE:	DATE:
DOCTOR:	Witness:	