Creekside Dentistry
Lea Shapiro, DDS
1321 South Eliseo Drive
Greenbrae, CA 94904
Creeksidemarin.com | 415.461.5926

Fields in red require completion

PATIENT REGISTRATION

Please complete the following confidential information

Date

First Name MI Last Name

Address

City, State, Zip

Home Phone No. Cell Phone No.

Work Phone No. Fax Phone No

Date of Birth Email

Marital Status

Single ☐ Married ☐ Divorced ☐ Widowed ☐

Social Security No.

If this appointment is for a child, start here:

Child First Name MI Last Name

Address:

City, State, Zip

Home Phone No. Cell Phone No.

Date of Birth Male ☐ Female ☐

School Grade

Social Security No.

Dental Insurance

Primary Insurance Carrier

Primary Insurance Company

Primary Group No.

Employer Name

Primary Insured's Name

Primary Date of Birth | Primary Relationship to Patient

Primary Insured's ID No.

Primary Insured Social Security No.

Secondary Insurance Carrier

Secondary Insurance Company

Secondary Group No.

Secondary Employer Name

Secondary Insured's Name

Secondary Date of Birth | Secondary Relationship to Patient

Secondary Insured's ID No.

Secondary Insured's Social Security No.

Account Information

Person Financially Responsible for Account

Name

Relationship to Patient Social Security No.

Address

City, State, Zip Code

Home Phone No. Cell Phone No.

Work Phone No.

GETTING TO KNOW YOU

Is another member of your family or relative a patient at our office?

Name: **Relationship:**

You were referred to us by:

Person to contact for emergency:

Phone No. Cell Phone No.

Emergency Contact Address

Emergency Contact City, State, Zip Code

Please complete information on page 2