



RESTORATIVE AND AESTHETIC DENTAL ASSOCIATES

650 Brighton Avenue.
Portland, Maine 04102
(207) 773- 6331 or
care@radentalmaine.com

RESTORATIVE, PROSTHETIC, IMPLANT
AND AESTHETIC DENTISTRY

SECTION 1

Patient Registration

FULL NAME		BIRTHDATE	SOCIAL SECURITY #	
NAME WHICH YOU WOULD LIKE TO BE CALLED	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS	REFERRED BY	
ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> HOME TELEPHONE ()	<input type="checkbox"/> WORK TELEPHONE () Ext #	<input type="checkbox"/> CELL PHONE ()	<input type="checkbox"/> E-MAIL	

Please fill in ALL contact info and check TWO preferred methods of confirming your appointments

SECTION 2

EMPLOYER	TITLE / POSITION	CAN WE CALL YOU HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS	CITY	STATE	ZIP CODE
SPOUSE / PARTNER'S NAME	HIS / HER EMPLOYER	BIRTHDATE	SOCIAL SECURITY #
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE

SECTION 3

TO BE COMPLETED IF PATIENT IS UNDER AGE 18 OR A STUDENT

MOTHER'S FULL NAME		D.O.B.	FATHER'S FULL NAME		D.O.B.
ADDRESS (If different from Sec. 1)			ADDRESS (If different from Sec. 1)		
MOTHER'S EMPLOYER	S.S.#		FATHER'S EMPLOYER	S.S.#	
HOME # ()	CELL # ()	Work# ()	HOME # ()	CELL # ()	Work# ()

SECTION 4

FOR ALL PATIENTS TO COMPLETE

RESPONSIBLE PARTY FOR PAYMENT OF SERVICES	RELATIONSHIP TO PATIENT	DO YOU HAVE DENTAL INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		TELEPHONE ()

The above information is correct to my knowledge. I understand that services are payable when rendered unless prior arrangement have been made with the business office. Charges submitted to insurance carriers are done with benefits assigned to this office and the remaining balance payable within 30 days of first statement date. Payment options are Visa, Master Card, Discover, and American Express. Outside financing is available.

Signature _____ Date _____