

Cheri W. *Cunningham* DMD
family dentistry

907 MAIN STREET ♦ GARDENDALE ALABAMA 35071
205-285-9661 ♦ 205-285-9663 FAX ♦ cwcdentist@yahoo.com ♦ www.cwcdmd.com

PERSONAL INFORMATION

NAME: Mr./Mrs./Miss. _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

PREFERRED NAME: _____ DOB: _____ GENDER: M/F STATUS: M / S/ W/D

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

SS#: _____ DRIVERS LICENSE #: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

RELATIONSHIP TO PATIENT: _____ EMERGENCY CELL PHONE: _____

WHOM DO WE THANK FOR REFERRING YOU? _____

PRIMARY DENTAL INSURANCE

SUBSCRIBER NAME: _____ RELATION TO PATIENT: _____

EMPLOYER: _____ INSURANCE CO: _____

POLICY #: _____ GROUP#: _____

SS#: _____ DOB: _____

SECONDARY DENTAL INSURANCE

SUBSCRIBER NAME: _____ RELATION TO PATIENT: _____

EMPLOYER: _____ INSURANCE CO: _____

POLICY #: _____ GROUP#: _____

SS#: _____ DOB: _____

RESPONSIBLE PARTY

NAME: _____ RELATION TO PATIENT: _____

ADDRESS: _____

SIGNATURE: _____

DENTAL REGISTRATION FORM