

(205) 988 - 4470  
NickBrownDental.com



2041 Valleydale Road  
Birmingham, AL 35244

## PATIENT REGISTRATION

Welcome to Dr. Nick Brown Dental Care. To assist us in serving you, please complete the following confidential information. The information provided on this form is important to your dental health. If you have any questions, please don't hesitate to ask.

### Patient Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Male  Female

Married  Single  Divorced  Widowed

Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Contact Method:

Home Phone  Cell Phone  Work Phone

Text  Email

#### For Children Only:

School Grade \_\_\_\_\_

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### Person to contact for emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

### Account Information

Your Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_

### Dental Insurance

#### Primary Carrier

Insurance Co. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Group # \_\_\_\_\_

Contract # \_\_\_\_\_

Employee SS # \_\_\_\_\_

#### Secondary Carrier

Insurance Co. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Group # \_\_\_\_\_

Contract # \_\_\_\_\_

Employee SS # \_\_\_\_\_

## Agreement of Privacy Practices

I have been offered/read/received if requested a copy of the Notice of Privacy Practices.  
(Laminated copy available at the front counter. Paper copy upon request.)

Patient/Guardian Signature \_\_\_\_\_