Chauvin
FAMILY DENTISTRY
Saratoga Springs | Clifton Park

Patient Registration

First Name: _____ Last Name: _____

Middle Initial: _____ Preferred Name: _____ Home Phone: _____

Address (city, state, zip code): _____ Cell Phone: _____

_____

Sex: _____ Birth Date: _____ Social Security #: _____

Email: _____ Would you like to receive correspondences via email and text messages? _____

Responsible Party (if someone other than the patient)

First Name: _____ Last Name: _____ Phone: _____

Address (city, state, zip): _____ Social Security #: _____

Primary Dental Insurance Information

Name of Insured (Policy Holder): _____ Insured SS#: _____

Insured Birth Date: _____ Employer: _____

Insurance Company: _____ Group #: _____
City, state, zip:

_____ ID# _____

Secondary Dental Insurance Information

Name of Insured (Policy Holder): _____ Insured SS# _____

Insured Birth Date: _____ Employer: _____

Insurance Company: _____ Group # _____
City, state, zip: _____ ID# _____