Stacey Givident, DDS – Justin Simmons, DDS – 710 N. 1st Street, Hamilton MT 59840 – (406) 375-1192

Patient Registration Information

First Name:_____ **Middle Initial**_____ **Last Name:**_____ **Today's Date:**_____

Birthdate: ____ / ____ / ____ **SSN: _____ - _____ - _____** **Sex: M or F**

Mailing Address: _____ City: _____ State _____ Zip Code_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

What is the best way to contact you?
○ Phone ○ Email ○ Text

Responsible Party:
(If different than above)

Name: _____ SSN: _____ - _____ - _____

Relationship to patient:
○ Spouse ○ Parent ○ Other_____

Mailing Address: _____ City: _____ State _____ Zip Code_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

What is the best way to contact you?
○ Phone ○ Email ○ Text

Emergency Contact:

Name: _____ Relationship to patient: Spouse Parent/Guardian Other _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Insurance Information:

Subscriber Name: _____

Relationship to patient:
○ Spouse ○ Parent ○ Other_____

Birthdate:_____ SSN:_____ - _____ - _____ Employer:_____

Insurance Company: _____ Group#: _____ Subscriber ID: _____

Ins Company Phone: _____

Secondary Insurance Information:

Subscriber Name: _____

Relationship to patient:
○ Spouse ○ Parent ○ Other_____

Birthdate:_____ SSN:_____ - _____ - _____ Employer:_____

Insurance Company: _____ Group#: _____ Subscriber ID: _____

Ins Company Phone: _____

Please turn over and fill out back….