Perfect Smiles DENTISTRY

1510 SE Everett Mall Way suite c, Everett, WA – 98208

Patient Registration

First Name | Last Name | Middle Initial

Preferred Name | Email Address

Address | City | State | Zip

Sex: ☐ Male ☐ Female   Marital Status: ☐ Married ☐ Single

Birth Date | Social Security Number | Drivers License Number

Home Phone | Work Phone | Mobile Phone

Employer Name | Occupation

Responsible Party

First Name | Last Name | Middle Initial | Relationship To Patient

Address

Home Phone | Work Phone | Mobile Phone

Birth Date | Social Security Number | Drivers License Number

Employer Name | Insurance Name | Insurance ID Number | Group Number

Secondary Insurance (Fill out this section if you are covered by 2 insurance plans)

First Name | Last Name | Middle Initial | Birth Date

Employer Name | Insurance Name | Insurance ID Number | Group Number

How did you hear about us?

☐ Google ☐ Facebook ☐ Postcard ☐ Other ____________________