

# Masterpiece Smiles, P.C.

## Minor/Dependant Patient Registration

*The following information is for our records only and will be considered confidential.*

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First Middle Initial

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

Birthdate \_\_\_\_\_ Pt SSN \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Would you "like" us on Facebook? Y N

**Refer us a new patient and you may win the lottery!** Download **DrBeelerDDS** app on your smartphone

How may we best contact you? (circle all that apply) Home Phone Answering Machine  
Cell Phone Voice Mail Work Phone E-Mail Text Message

Are any immediate family members current patients of record? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Person Responsible for Account \_\_\_\_\_ Phone \_\_\_\_\_

Responsible Person's SS # \_\_\_\_\_

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

Who may we contact in case of emergency (other than parent)? \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ SS# \_\_\_\_\_

Parent/Guardian Birthdate \_\_\_\_\_ Parent/Guardian Employer \_\_\_\_\_ Phone \_\_\_\_\_

Can parent/guardian be contacted at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Pts Spare Time Activities or Hobbies \_\_\_\_\_

Who may we thank for referring you to this office? \_\_\_\_\_

Parent/Guardian will be paying by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

Care Credit \_\_\_\_\_ Lending Club \_\_\_\_\_ Wells Fargo \_\_\_\_\_ Other (list) \_\_\_\_\_

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered, including adjunctive comprehensive services. (List available upon request). I have reviewed all of the above information and have completed the above questions. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or changes of the above information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_