



**LAURELHURST**  
Family Dentistry

### ADULT PATIENT REGISTRATION

#### Patient Information:

First Name:	Last Name:	Middle Initial:
Address:		City, State, Zip:
Cell Phone:	Home Phone:	Work Phone:
Birthdate:	SSN:	
Email Address:		
Marital Status:		
Employer:	Occupation:	
How did you hear about us: (please check) <input type="checkbox"/> Promotion (please specify):		
<input type="checkbox"/> Laurelhurst Family Dentistry Website	<input type="checkbox"/> Yelp/Google search	<input type="checkbox"/> Facebook/Instagram
<input type="checkbox"/> Insurance	<input type="checkbox"/> Referral name:	<input type="checkbox"/> Other:

#### Insurance Information:

Subscriber's Name:	Subscriber's Birthdate:	Subscriber's SSN:
Company:	Employer:	
ID Number:	Group Number:	
Subscriber's Relationship to Patient:		

#### Emergency Contact:

Name:	Phone Number:	Relationship:
Address:		City, State, Zip:

#### Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the statement of privacy practices from Laurelhurst Family Dentistry. The statement of privacy practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The statement of Privacy Practices also describes my rights and the responsibilities and duties of the office with respect to my protected health information. Laurelhurst Family Dentistry reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If they change I will be offered a copy of the revision and may request that it be mailed to me.

I hereby specifically authorize disclosure of my protected health care information to the persons indicated:

I have filled my information to the best of my ability and understand that it will be used to bill my dental insurance and to acknowledge receipt of the Notice of Privacy Practices.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_