

Dr. Susan D. King & Associates, P.A.  
**PATIENT REGISTRATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Patient Is:  Policy Holder  Responsible Party

**Responsible Party** (if someone other than the patient):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

Responsible Party is also a Policy Holder for Patient  Primary Insurance Policy Holder  Secondary Insurance Policy Holder

**Patient Information**

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

E-mail: \_\_\_\_\_  I would like to receive correspondence via email

**Employment Information**

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Retired

Student Status:  Full Time  Part Time

Preferred Dentist: \_\_\_\_\_ Preferred Hygienist: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

**Primary Insurance Information**

Name of Subscriber: \_\_\_\_\_ Patient's Relationship to Subscriber:  Self  Spouse  Child  Other

Subscriber Soc Sec.: \_\_\_\_\_ Subscriber Birth Date: \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Employer: \_\_\_\_\_ Group Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Secondary Insurance Information (if applicable)**

Name of Subscriber: \_\_\_\_\_ Patient's Relationship to Subscriber:  Self  Spouse  Child  Other

Subscriber Soc Sec.: \_\_\_\_\_ Subscriber Birth Date: \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Employer: \_\_\_\_\_ Group Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_