NORTH SHORE
DENTISTRY

2101 E. CALUMET ST.
APPLETON, WI 54915

(920) 731-1550

PATIENT REGISTRATION

PATIENT NAME: _____

FIRST NAME/LAST NAME/MIDDLE INITIAL

PREFERRED NAME: _____

BIRTH DATE: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

STREET ADDRESS/CITY/STATE/ZIP CODE

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

GENDER: ☐ MALE ☐ FEMALE ☐ NON-BIANARY

MARITAL STATUS:

☐ SINGLE ☐ MARRIED ☐ DIVORCED/SEPERATED ☐ WIDOWED

EMPLOYMENT STATUS:

☐ UNEMPLOYED ☐ PART-TIME ☐ FULL-TIME ☐ RETIRED

EMPLOYER: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____

NAME/PHONE NUMBER

REMIND ME ABOUT MY APPOINTMENTS BY:

☐ TEXT MESSAGE ☐ EMAIL ☐ CALLING MY CELL ☐ CALLING MY HOME

☐ I DON'T NEED A REMINDER