James B. Courrier, DDS, PLLC

everettgeneraldentistry.com 3230 Colby Avenue • Everett, WA 98201-4399 courrierdds@gmail.com (425)252-5166

PATIENT REGISTRATION

						Chart#:	
					·		OFFICE USE ON
atient Name:							
	Last		First		MI		erred Name
Mr/Ms/Mrs/etc	Gender: Male Female	Family	Status: Marrie	d () Single	() Child	Other	
irth Date:	Prev. Visit:	E	Email Address: _				
hone:			В	est time to ca	all:		
Home	Mobile	Work	Ext				
ddress:			_				
	Address 1				Address	2	
	City	у				State	Zip Code
hom may we thank fo	r referring you to our practice?						
	other source referring you to our practice						
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ama:	the patients spouse O the person resp	oonsible for pa	ayment O both	neither-not	applicable	е	
ame:	Last		ayment	neither-not	applicable	Preferred Nam	ne
		Fil		MI		Preferred Nam	ne
Mr/Ms/Mrs/etc	Last Gender: Male Female	Fii Family	rst	MI d Single		Preferred Nam Other	ne
Mr/Ms/Mrs/etc irth Date:	Last Gender: Male Female	Fii Family	rst Status: Marrie	MI d Single	○ Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date:	Cast Gender: Male Female Email Address:	Fii Family	rst Status: Marrie	MI d (Single	○ Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date: hone:	Cast Gender: Male Female Email Address:	Fii Family	Status:	MI d (Single	○ Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date: hone:	Cast Gender: Male Female Email Address:	Fii Family	Status:	MI d (Single	○ Child	Preferred Nam	
Mr/Ms/Mrs/etc irth Date: hone:	Cender: Male Female Email Address: Mobile	Fii Family Work	Status:	MI d (Single	Child	Preferred Nam	
irth Date:	Gender: Male Female Email Address: Mobile Address 1	Fin Family Work	Status:	MI d Single est time to ca	Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date: hone: Home ddress:	Last Gender: Male Female Email Address: Mobile Address 1 City Emerge	Fin Family Work	Status: Marrie	MI d Single est time to ca	Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date: hone: Home	Last Gender: Male Female Email Address: Mobile Address 1 City Emerge	Fin Family Work	Status: Marrie	MI d Single est time to ca	Child	Preferred Nam Other	
Mr/Ms/Mrs/etc irth Date: hone: Home ddress:	Last Gender: Male Female Email Address: Mobile Address 1 City Emerge	Fin Family Work	Status: Marrie	MI d Single est time to ca	Child	Preferred Nam Other	

Primary Insurance Information

Primary Dental Insurance:			
Name of Insured:			
	Last	First	MI
Insured's Birth Date:	ID#:	Group #:	
Insured's Address:		_	
	Address 1	Address 2	_
	City	State	Zip Code
Insured's Employer Name:			
	Address 1	Address 2	
	City	State =	Zip Code
Patient's relationship to insured	d: Self Spouse Child Other		
Insurance Plan Name:			
	Address 1	Address 2	
	City	State	Zip Code
	Secondary Insurance	Information	
Secondary Dental Insurance:	•		
Name of Insured:			
	Last	First	MI
Insured's Birth Date:	ID#:	Group #:	
Insured's Address:			
	Address 1	Address 2	_
	City	State	Zip Code
Insured's Employer Name:			
Employer Address:			
	Address 1 Address 2		
	City	State	Zip Code
Patient's relationship to insured	d: O Self O Spouse O Child O Other		
Insurance Plan Name:			
Insurance Address:			
	Address 1	Address 2	
	2"		7:- 0:-1:-
	City	State	Zip Code
		Response D	ate: