



Highland Park Family Dentistry, S.C.

Dr. Robin A. Gorman, DDS - Dr. Yvonne D. Stubbs, DDS

Patient Registration Form

Date _____

Patient Name _____ Preferred Name _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Birthdate _____

Gender: Male _____ Female _____ Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Employer _____ Occupation _____

Social Security Number _____

How would you like your appointments confirmed? (circle one) Home Phone Cell Phone Work Phone Text Message Email

If via text message, who is your cell service provider? _____

Insurance Information

Subscriber Name _____ Relation to Insured _____

Subscriber SS # _____ Subscriber Birthdate _____

Insurance Carrier _____ Insurance ID # _____ Group _____

Subscriber Employer _____ Occupation _____

Person Responsible for Payment _____

Secondary Insurance Information

Subscriber Name _____ Relation to Insured _____

Subscriber SS # _____ Subscriber Birthdate _____

Insurance Carrier _____ Insurance ID # _____ Group _____

Subscriber Employer _____ Occupation _____

Emergency Contact Information

Emergency Contact _____ Relationship _____ Phone # _____

Referred to us by _____

Reason for leaving previous dentists _____