

Patient Registration

Redhawk Family Dentistry

Patient: _____

Hang-Nga Vu, D.D.S.

Patient Information

Date: _____

Chart ID: _____	
First Name: _____	Last Name: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Pager: _____
Email Address: _____	
Sex: <input type="radio"/> Male <input type="radio"/> Female	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Birth Date: _____	
SSN: _____	Driver's License: _____
Employment Status: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Retired	
Student Status: <input type="radio"/> Full Time <input type="radio"/> Part Time	

Primary Insurance Information

Name of Insured: _____

Relationship to Patient: Self Spouse Parent Other

Insured SSN: _____ Insured Birth Date: _____

Employer: _____ Insurance Company: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Secondary Insurance Information

Name of Insured: _____

Relationship to Patient: Self Spouse Parent Other

Insured SSN: _____ Insured Birth Date: _____

Employer: _____ Insurance Company: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

