

Brick Pediatric Dentistry

& Orthodontics, P.C.

Seymour Semah, D.M.D.
Tara Gostovich, D.M.D.

132 Drum Point Rd.
Brick, NJ 08723
(732) 920-9220



PATIENT REGISTRATION FORM

Date: _____

Account Number: _____

PATIENT INFORMATION

PATIENT'S NAME _____ **DATE OF BIRTH** _____
NICKNAME _____ **AGE** _____ **SEX** _____ **HOME PHONE #** _____
HOME ADDRESS _____ **CITY** _____ **ZIP** _____
CHILD LIVES WITH: BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER ___
PARENTS ARE: MARRIED ___ SEPARATED ___ DIVORCED ___ NEVER MARRIED ___
OTHER CHILDREN _____ **IN PRACTICE** _____
HOBBIES _____ **SCHOOL** _____ **GRADE** _____

PARENT / GUARDIAN INFORMATION

FATHER'S NAME _____ **DATE OF BIRTH** _____
HOME ADDRESS _____ **CITY** _____ **ZIP** _____
EMPLOYED BY _____ **HOW LONG** _____ **JOB TITLE** _____ **DEPT** _____
BUSINESS ADDRESS _____ **CITY** _____ **ZIP** _____
HOME PHONE # _____ **BUSINESS PHONE #** _____ **CELL #** _____
SOCIAL SECURITY # (*required*) _____ **DRIVER'S LICENSE #** _____
MOTHER'S NAME _____ **DATE OF BIRTH** _____
HOME ADDRESS _____ **CITY** _____ **ZIP** _____
EMPLOYED BY _____ **HOW LONG** _____ **JOB TITLE** _____ **DEPT** _____
BUSINESS ADDRESS _____ **CITY** _____ **ZIP** _____
HOME PHONE # _____ **BUSINESS PHONE #** _____ **CELL #** _____
SOCIAL SECURITY # (*required*) _____ **DRIVER'S LICENSE #** _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME _____ **EMERGENCY NUMBER** _____
RELATIONSHIP TO PATIENT _____

OTHER INFORMATION

PURPOSE OF THIS VISIT / COMMENTS _____
WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? _____
I WILL BE PAYING BY CASH _____ CHECK _____ CREDIT CARD _____

DENTAL INSURANCE INFORMATION

PRIMARY INSURANCE _____ **GROUP #** _____
SECONDARY INSURANCE _____ **GROUP #** _____

I UNDERSTAND AND AGREE THAT, REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE ON MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED. A LATE FEE OF 1.5% MONTHLY WILL APPLY ON OVERDUE ACCOUNTS. I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED BY THIS OFFICE TO COLLECT OVERDUE ACCOUNTS, INCLUDING ANY COURT FEES AND A 50% COLLECTION FEE. I CERTIFY THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____