



Alan J. White, D.D.S.

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Patient Registration

ID: _____ Chart ID: _____

First Name: _____ **Last Name:** _____ **Middle Initial:** _____

Patient is: Policy Holder Responsible Party **Preferred Name:** _____

How did you hear about us? Referred by: _____
 Internet Search
 Facebook- YES! We are on Facebook, search **Alan J. White, DDS & Danielle H. Ryan, DDS** and "Like" us!
 Yellow Pages- which book? _____
 Drove by office
 Other: _____

Patient Information:

Address: _____ Address 2: _____

City: _____ State / Zip: _____ / _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Birth Date: _____ Age: _____ SSN: _____ Drivers License Number: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

E-mail: _____ Confirm appointments via: Phone E-mail Text Message

Responsible Party (if someone other than patient)

Address: _____ Address 2: _____

City: _____ State / Zip: _____ / _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Birth Date: _____ SSN: _____ Drivers License Number: _____

Primary Dental Insurance Information:

Policy Holder (Name): _____ Relationship to Insured: Self Spouse Child Other

Policy Holder SSN: _____ Policy Holder Birth Date: _____

Employer: _____

Insurance Company: _____ Phone Number: _____

Address: _____ Address 2: _____

City: _____ State / Zip: _____ / _____

Secondary Dental Insurance Information:

Policy Holder (Name): _____ Relationship to Insured: Self Spouse Child Other

Policy Holder SSN: _____ Policy Holder Birth Date: _____

Employer: _____

Insurance Company: _____ Phone Number: _____

Address: _____ Address 2: _____

City: _____ State / Zip: _____ / _____