

Dr. Harvey Levy & Associates

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NEW PATIENT REGISTRATION FORM

Instructions:

Please enter preferred phone number in the "Home Phone" field.

Please ignore the "Previous Visit" field.

Chart#: _____
FOR OFFICE USE ONLY

Patient Name: _____ * _____ * _____
Last First MI Preferred Name

Title: _____ Gender: * Male Female Family Status: * Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: * _____ SS#: _____ - - - - - Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____ * _____
Home Mobile Work Ext Fax Other

Address: _____ * _____ * _____ *
Address 1 Address 2
City State Zip Code

Pronouns: *
 He/His/Him She/Her/Hers They/Them/Theirs Other

If Other, please explain your Pronouns:

Who may we thank for referring you to our practice?

In case of emergency, who should be notified? Please enter name and phone number below:

Emergency Contact: *

Responsible Party Information

Please provide name, relationship, and phone number of person financially responsible for this account, if not yourself.

Employment Information

The following is for: the patient the person responsible for payment both not applicable

Employer Name: _____ Phone: _____

Employer Address: _____
Address 1 Address 2
_____ - _____
City State Zip Code

Are you a full time student? If so, please provide the school's name and location:

If you do not have dental insurance, would you like to learn more or sign up for our in-house insurance plan, The Dental Health Club?

Yes No

* By checking this box, I confirm the information provided is correct and understand this will serve as my electronic signature for this Administrative Form.

If filling out a paper copy of this form, please sign:

Response Date: _____