



Katharine J. Pins, D.D.S.

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Eldridge, IA 52748
563-285-5600

PATIENT REGISTRATION

Patient's Name : _____ Gender: M F Birth Date: _____
SS # _____ Cell: _____ Other Phone: _____
Address: _____ City _____ State _____ Zip _____
E-Mail: _____ Single Engaged Married Divorced Widowed
Spouse: _____ Gender: M F Birth Date: _____
Siblings/Children: _____ Gender: M F Birth Date: _____
Siblings/Children: _____ Gender: M F Birth Date: _____
Siblings/Children: _____ Gender: M F Birth Date: _____

RESPONSIBLE PARTY INFORMATION [] Self (if self, please skip to next area)

[] Mother: _____ [] Father: _____
Birth Date: _____ SS # _____ Birth Date: _____ SS # _____
Address: _____ Address: _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Cell: _____ Other Phone: _____ Cell: _____ Other Phone: _____
E-Mail: _____ E-Mail: _____

DENTAL INSURANCE INFORMATION

Dental Insurance Carrier Name: _____ Carrier Phone: _____
Policy Holder's Name: _____ Birth Date: _____
Member ID #: _____ SS# _____ Group # _____
Address: _____
Phone: _____ Employer: _____ Employer Phone: _____

IMPORTANT INFORMATION

Referred By: _____ Previous Dentist: _____
Pharmacy: _____ Pharmacy Number: _____
Emergency Contact Name: _____ Emerg Contact Number: _____