

Clackamas Implant & Oral Surgery Center
Office of Brett M. Sullivan, DMD, MD
9895 SE Sunnyside Road, Suite P
Clackamas, OR 97015
503-652-8080

PATIENT REGISTRATION

TODAYS DATE _____

Patient Information

Name _____
First MI Last

DOB _____ SSN ***-**-____ Gender _____ Marital Status _____

Mailing Address _____
Street Apt # City, State, Zip

Phone Numbers Preferred Phone: Home // Cell // Other

Home _____ Cell _____ Other _____

Permission to leave detailed message? Yes // No

Emergency Contact

Name _____ Relationship _____

Phone Number _____ Living with you? Yes // No

Guarantor Information

Is patient the Guarantor? Yes // No

Name _____
First MI Last

DOB _____ SSN ***-**-____ Gender _____

Mailing Address _____
Street Apt # City, State, Zip

Phone Numbers Preferred Phone: Home // Cell // Other

Home _____ Cell _____ Other _____

Permission to leave detailed message? Yes // No

Employment // School Information for person responsible for payment (Guarantor)

Employer or School Name _____

Employed Since _____ Occupation _____

Address _____
Street Suite # City, State, Zip

Phone Number _____

Insurance Information

Primary Dental

I choose to bill my own Insurance

Insured's Name _____

DOB _____ SSN ***-**-____ Relationship to patient _____

Employer _____

If no ID card present please provide Insurance ID and Group #

ID # _____ Group # _____

Secondary Dental

I choose to bill my own Insurance

Insured's Name _____

DOB _____ SSN ***-**-____ Relationship to patient _____

Employer _____

If no ID card present please provide Insurance ID and Group #

ID # _____ Group # _____

Referring Dentist

Dentist: _____

Office: _____

Address: _____

City/State/Zip: _____

Phone: _____

Primary Care Provider

Doctor: _____

Office: _____

Address: _____

City/State/Zip: _____

Phone: _____

Signature

I certify that the information contained in this document is true to the best of my ability.

Signature _____

Patient or Legal Representative

Date _____

Print Name _____

Patient or Legal Representative

Legal Representative relationship to patient _____