



**PLAZA DENTAL GROUP**  
3338 N. Harlem Avenue, Chicago, IL 60634  
**773.637.8696**

**PATIENT REGISTRATION FORM**

**Welcome to our practice!**

Thank you for selecting our office for your dental care. Please fill out this form completely.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS.# \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you: Minor Single Married Divorced Widowed Separated

You or your parent's  
employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Spouse or Parent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

If you are a student, name of  
school/college \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Person to contact in case of an  
emergency \_\_\_\_\_ Phone \_\_\_\_\_

**We appreciate patient's referring others to us. Who may we thank for referring you?** \_\_\_\_\_

**RESPONSIBLE PARTY**

Name of person responsible for this account \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

What is the **purpose** of today's visit? \_\_\_\_\_

Signed \_\_\_\_\_ Guardian if Minor \_\_\_\_\_ Date \_\_\_\_\_