



Bronson Dental

1448 N. 2000 W. · Suite #6
Clinton, Utah 84015 · 801.728.3924

Patient Registration

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

Patient is: Insurance Policy Holder
 Person Responsible for any Billing issues

Person Responsible for any Billing issues (complete only if person responsible is someone other than the patient):

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____ Cellular: _____
Birth Date: _____ Soc. Sec: _____ Drivers License: _____
Is this person also the Policy Holder for the Patient? Yes No, if yes: Primary or Secondary

Patient Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Birth Date: _____ Soc. Sec: _____ Drivers License: _____
Gender: Male Female
Marital Statue: Married Single Divorced Separated Widowed
Employment Status: Full Time Part Time Retired
Student Status: Full Time Part Time
Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Insurance Information:

Name of Insured: _____
Relationship to Patient: Self Spouse Child Other
Insured Soc. Sec: _____ Insured Birth Date: _____
Employer: _____ Insurance ID #: _____
Employer Address: _____
City, State, Zip: _____
Insurance Company: _____
Insurance Company Address: _____
City, State, Zip: _____

Secondary Insurance Information:

Name of Insured: _____
Relationship to Patient: Self Spouse Child Other
Insured Soc. Sec: _____ Insured Birth Date: _____
Employer: _____ Insurance ID #: _____
Employer Address: _____
City, State, Zip: _____
Insurance Company: _____
Insurance Company Address: _____
City, State, Zip: _____

How did you hear about our office? Insurance Advertisement Friend: _____