

# Apollonia Dental, PA

4427 Highway 6, Ste. A  
Sugar Land,, TX 77478  
(281) 565-4321

## Patient Registration

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Soc Sec. # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_M\_\_F

Drivers License #: \_\_\_\_\_ Emergency Contact:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ relationship: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ id # \_\_\_\_\_

### **How would you like us to communicate with you?**

*Our dental office sends appointment reminders, information about treatment, payment and insurance, and other communications. Please tell us how you would like us to communicate with you.*

*Check or complete all that apply (please print clearly):*

•

\_\_\_ Contact me by U.S. Mail

•

\_\_\_ Contact me by email at the following email address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### **For Phone and Text Communications:**

*This portion of the form is optional. You are not required to sign this portion of the form, and you do not need to sign it to receive care in our dental office.*

### **By checking this section, I consent to the following:**

The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. The dental practice may:

- \_\_\_ Call me
- \_\_\_ Text me
- \_\_\_ Call me and text me

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

***Please call the dental office right away if you get a new telephone number!***