

Adult Registration

Cedar Hills Dental Center

10976 Cedar Lake Road

Minnetonka, MN 55305

(952) 544-2225

CedarHillsDentalCenter.com

About You

Today's Date: _____

Name: _____ I prefer to be called _____

Birth Date: ___/___/___ Age: _____ Male Female

Driver's License Number: _____ Social Security Number: _____

Home Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Marital Status: Single Married Divorced Widowed Separated

Employer: _____ Occupation: _____

Employer's Address: _____

Email Address: _____

When & where are the best times to reach you? _____

Who may we thank for referring you? _____

Other family members or friends seen at our office? _____

Primary Insurance Coverage

Dental Coverage: Yes No

Insurance Company Name: _____

Address: _____

Phone Number: _____ Group/Plan/Policy Number: _____

Policy Holder's Information

Name: _____ Birth Date: ___/___/___ Relation: _____

Employer: _____ SS#/ID Number: _____

Spouse Information

His or Her Name: _____

Employer: _____

Work or Cell Phone: _____ Birth Date: ___/___/___

Driver's License Number: _____ Social Security Number: _____

Secondary Insurance Coverage

Additional Dental Coverage: Yes No

Insurance Company Name: _____

Address: _____

Phone Number: _____ Group/Plan/Policy Number: _____

Policy Holder's Information

Name: _____ Birth Date: ___/___/___ Relation: _____

Employer: _____ ID Number: _____

Account

Who is responsible for your account? _____ Relation: _____

Billing Address: _____

Employer: _____ Phone Number: _____

Driver's License Number: _____ Social Security Number: _____

In Case of Emergency

His or Her Name: _____ Relation: _____

Phone: (home) _____ (work) _____ (cell) _____