Martin Dental, PLLC
140 7th Avenue
So. Charleston, WV 25303
304-342-4422
youngsmiles@outlook.com

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient Name M.I. Pt last n Blake

Patient DOB Patient SSN Male ☐ Female ☐

Address

City State WV ZIP

How may we contact you for appointment reminders?

cell phone ☐ home # ☐ work# ☐ Email ☐

Email

Cell # Home

Employer Work phone #

In Case of Emergency Name & Number

Parent / Legal Guardian Contact Information
Please complete the following if the patient is a minor

Parent 1 / Legal guardian name

Parent / Legal guardian SS# Parent / Legal guardian DOB

Address if different from patients

Parent 2 / Legal guardian name

Parent / Legal guardian SS# Parent / Legal guardian DOB

Address if different from patients

Primary Insurance Coverage
Please refer to your insurance card for the following information. All sections must be completed or your insurance will not be billed.

Name of insurance company

Insurance phone number

Insurance group #

Subscriber SS#

Employer name

Subscriber Name

Relationship to subscriber Self ☐ spouse ☐ child ☐