



# Jesse Myers, D.M.D. & Alan J. White, D.D.S.

Family and Cosmetic Dentistry

601 Greenville Ave.  
Staunton, VA 24401  
(540) 886-1979  
www.dralanwhite.com

## Patient Registration

ID: \_\_\_\_\_ Chart ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Patient is:  Policy Holder  Responsible Party Preferred Name: \_\_\_\_\_

How did you hear about us?  Referred by: \_\_\_\_\_  
 Internet Search  
 Facebook- YES! We are on Facebook, search **Jesse Myers, DMD & Alan J. White, DDS** and "Like" us!  
 Instagram \_\_\_\_\_  
 Drove by office  
 Other: \_\_\_\_\_

### Patient Information:

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Married  Single  Divorced  Separated  Widowed

E-mail: \_\_\_\_\_ Confirm appointments via:  Phone  E-mail  Text Message

### Responsible Party (if someone other than patient)

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

### Primary Dental Insurance Information:

Policy Holder (Name): \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Policy Holder SSN: \_\_\_\_\_ Policy Holder Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

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

### Secondary Dental Insurance Information:

Policy Holder (Name): \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Policy Holder SSN: \_\_\_\_\_ Policy Holder Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

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