C2 Dentistry
28212 Kelly Johnson Pkwy. Suite 180 Valencia, CA 91355 t: 661-702-0940 f: 661-702-0941 www.c2dental.com

Patient Registration

Patient's Name:_____Date:_____

Street Address:_____

City:_____State:_____Zip:_____

Sex: ☐ Male ☐ Female Birth Date:_____ Age:_____ SS#_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Cell Phone:_____Email:_____

Home Phone:_____Work Phone:_____

Whom may we thank for referring you?_____

Primary Dental Insurance Information

Policy Holder's Name:_____Birth Date:_____

Relationship to Patient:_____SS#_____

Responsible for Account (Guarantor): ☐ Yes ☐ No

Name of Employer:_____

Insurance Company:_____Group #:_____

Member/Subscriber ID#:_____

Secondary Dental Insurance Information

Policy Holder's Name:_____Birth Date:_____

Relationship to Patient:_____SS#_____

Responsible for Account (Guarantor): ☐ Yes ☐ No

Name of Employer:_____

Insurance Company:_____Group #:_____

Member/Subscriber ID#:_____

Primary Medical Insurance Information

Policy Holder's Name:_____Birth Date:_____

Relationship to Patient:_____SS#_____

Responsible for Account (Guarantor): ☐ Yes ☐ No

Name of Employer:_____

Insurance Company:_____Group #:_____

Member/Subscriber ID#:_____