

Venn R. Peterson, DDS  
Spenser E. Cammack, DDS

5201 Corporate Center Court SE-Lacey, WA 98503  
360-459-4420

## Patient Registration

Patient Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_

Alternate Contact (Outside of Home/Spouse): \_\_\_\_\_ Phone #: \_\_\_\_\_

Person Responsible for Account: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Primary Dental Insurance

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member ID# or Policy Holder's SSN#: \_\_\_\_\_ Group#: \_\_\_\_\_

### Secondary Dental Insurance

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member ID# or Policy Holder's SSN#: \_\_\_\_\_ Group#: \_\_\_\_\_

Do you have a significant fear of dentistry? \_\_\_\_\_

Would you like to change anything about your smile or teeth? \_\_\_\_\_

\_\_\_\_\_

