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REGISTRATION

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Male () Female ()

Telephone Home: _____ work: _____ Cell: _____

E-mail : _____

SS#: _____

Drivers License: _____

Single () Married () Divorced () Widowed () Partner ()

Occupation: _____

Employer: _____

Address: _____

Who referred you to us? _____

In case of an emergency contact: _____

Relationship: _____ Telephone number: _____

WHO IS RESPONSIBLE FOR THIS ACCOUNT?

Name: _____ Relationship: _____

Address: _____

Telephone Home: _____ Work: _____ Cell: _____

SS#: _____ Birth Date: _____ Occupation: _____

Employer: _____ Address: _____

INSURANCE INFORMATION

Dental Insurance: _____ Group: _____

Subscribers Name: _____ Date of Birth: _____

SS#: _____