Grove Creek DENTAL
238 East State Rd #2
Pleasant Grove, UT 84062

Maple Creek DENTAL
485 South Main Street #302
Springville, UT 84663

Patient Registration Form

Patient Information:

Last Name	First Name	Middle Initial	Preferred Name
Street Address	City/State/Zip Code		Social Security #
Cell Phone	Date of Birth		Male or Female
Home Phone	Email		Marital Status S / M / D / W
Guardian Name (if patient is under age 18)			Guardian Date of Birth
Emergency Contact Name	Phone #		Relationship

Referred By:

Referred By	Primary Care Physician

Insurance Information:

Name of Insurance Company	Subscriber	Date of Birth
Insurance ID/Subscriber's SSN	Local/Group Number	Employer

Authorization to Release Copy of Dental Records

If you'd like another individual to have access to your dental records, please include them here.

I, the undersigned, am over the age of 18 and authorize **Grove Creek Dental** or **Maple Creek Dental** to release a copy of/information from my dental records to the following individuals who are also over age 18 (I.E. a spouse, parent, or significant other):

NAME:_____**PHONE**_____

RELATIONSHIP_____

NAME:_____**PHONE**_____

RELATIONSHIP_____

Signature of Patient or Authorized Representative: **Date:**