



Rachel L Lewin, DDS & George Federici, DDS
858 Welsh Road, Suite 3 | Maple Glen, PA 19002
(O) 215-643-3755 | (F) 215-646-5135
Email: Info@BeyondDentistryMapleGlen.com
www.BeyondDentistryMapleGlen.com

Today's Date: ___/___/___

Chart #: _____

Patient Registration

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Date of Birth: ___/___/___ Gender _____

Height ___ ft. ___ in. Weight _____ lbs. Hobbies: _____

Mailing Address: _____

CITY

STATE

ZIP

Cell Phone # _____ Home Phone # _____

Email address: _____ SSN#: _____

Would you like to receive text messages? Y ___ N ___ Emails? Y ___ N ___

Marital Status: _____ Spouse/ Partner's Name: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____

Insurance Information

Fill out if applicable. Please bring your current insurance card with you to your appointment if you have one.

Primary

Name of Insured: _____

Date Of Birth of Insured: ___/___/___ Employer: _____

Relation: _____ SSN#: _____

Insurance Company: _____ Plan Name: _____

Group Number: _____ ID Number: _____

Please let us know if you have a secondary insurance policy and provide the appropriate information.

Responsible Party- Person responsible for payment of this account

Name: _____ Relation: _____

Mailing Address: _____

CITY

STATE

ZIP

Cell Phone # _____ Home Phone # _____

Email address: _____ SSN#: _____

Who can we thank for your referral? _____