

**New Patient Registration Form**  
**Market Street Dental**  
**Paul L. Boger, DMD ◦ Ashley M. Church, DMD**

Welcome and thank you for choosing Market Street Dental to meet your dental needs.

Today's Date \_\_\_\_\_ May we ask how you heard of us?

<b><u>Patient Information</u></b>				
_____ First SS#	Last	MI	DOB	
_____ Address Code		City	State	Zip
_____ ( ) _____		_____ ( ) _____	_____ ( ) _____	
_____ Home Phone	_____ Cell Phone	_____ Work Phone	_____ Email address	
May we text you to confirm your appointments? Yes _____ No _____				
_____				
_____ Emergency Contact		_____ Relationship	_____ Phone	
<b><u>Are you required to pre-medicate (ie take an antibiotic) prior to dental treatment?</u></b>				
Yes _____ No _____				

<b><u>Financial Responsibility for account</u></b>		
_____ Responsible Party's Name Patient	SS#	Relationship to
_____ Mailing Address		_____ Phone
_____ Signature _____		

<b><u>Responsibility for dental/medical decision-making</u></b>
If the patient is a minor or otherwise unable to make medical/dental decisions for him or herself, please indicate the person(s) who is (are) legally responsible for making medical and dental decisions on his or her behalf.

Name(s) \_\_\_\_\_ Relationship(s) to  
patient \_\_\_\_\_

Address & Phone # (if different from  
above): \_\_\_\_\_

\_\_\_\_\_  
Signature(s): \_\_\_\_\_