



Mountain and Sea
Dental and Associates
Making smiles healthy and bright!
(805) 681-4848

Patient Registration

Email: _____	Today's Date: _____
Last Name: _____ Middle Name: _____ First Name: _____	
DOB: _____	
Driver License # _____ SSN: _____ Phone #: _____ Sex: M/F	
Address: _____ City: _____ State: _____ Zip: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Employer: _____ Business #: _____	
Address: _____ City: _____ State: _____ Zip: _____	
How did you hear about us? _____	
Emergency contact Name : _____ Phone number: _____	
Have you had orthodontics? _____ Do you wear a retainer or night guard? _____	

Dental Insurance Information

Primary Insurance Information

Name of Insured: _____	Relationship to patient: SELF SPOUSE CHILD OTHER
Insured Soc. Sec.: _____ Insured Birth Date: _____ Ins. Company: _____	
Employer: _____	Address: _____
City, State, Zip: _____	ID# _____
Group# _____	

Secondary Insurance Information

Name of Insured: _____	Relationship to patient: SELF SPOUSE CHILD OTHER
Insured Soc. Sec.: _____ Insured Birth Date: _____ Ins. Company: _____	
Employer: _____	Address: _____
City, State, Zip: _____	ID# _____
Group# _____	

METHOD OF PAYMENT

Full payment for the dental treatment provided is expected at the time of service. For you convenience we accept cash, checks and all major credit cards. For our patients who need extended payments, we offer CARE CREDIT and LENDING CLUB.



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A note about keeping your appointments. We reserve time for you. There is a charge for broken appointments. Failure to notify the office less than 24 hours constitutes a broken appointment . (This applies only to weekdays)