



150 NE 3rd Ave  
Canby, OR 97013

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## Patient Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Gender:  Male  Female      Marital Status:  Married  Single  Divorced  Separated  Widowed

Date of Birth: \_\_\_\_\_ Social Sec #: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Retired      Student Status:  Full Time  Part Time

Preferred Pharmacy: \_\_\_\_\_

### Responsible Party (if patient is a minor or has a guardian)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Gender:  Male  Female      Marital Status:  Married  Single  Divorced  Separated  Widowed

Date of Birth: \_\_\_\_\_ Social Sec #: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Retired      Student Status:  Full Time  Part Time

Responsible Party is the Policy Holder for Patient

Primary Insurance Policy Holder       Secondary Insurance Policy Holder

### Primary Insurance Information

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured Social Sec #: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

### Secondary Insurance Information

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured Social Sec #: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Employer: \_\_\_\_\_