

Distinctive Dental Services of New York, P.C.
173 East Shore Road, Suite 201 Great Neck, NY 11023
300 Garden City Plaza, Suite 100 Garden City, NY 11530

Patient # _____

PATIENT REGISTRATION FORM

Mary George, D.M.D./Pediatric Dentistry
Ralph Epstein, D.D.S./General Dentistry & Anesthesia
Paul Elkin, D.D.S./Pediatric Dentistry

Derek Zimbardi, D.D.S./General Dentistry
Cristina David, D.D.S./General Dentistry
Gina Sajnani, D.M.D./Pediatric Dentistry

Date: _____

Pharmacy Phone #: _____

1. Are any other family members patients in our office? Yes / No

If you do not wish to have all family members on the same family account, please inform the receptionist.

2. Name, address and relationship of referring doctor, friend, or family member: _____

3. Patient's Name: _____
Last First MI

4. Patient's Address: _____
Street Address City State Zip Code

5. Patient's Home Phone #: _____ 6. Patient's Cell/Pager #: _____

7. Patient's Date of Birth: _____ 8. Patient's Social Security #: _____

9. Patient's Marital Status: Single / Married / Other: _____ 10. Sex: Male / Female

11. Patient Employed by: _____ 12. Patient's Work Phone #: _____

GUARANTOR INFORMATION (Person responsible for the account, other than the patient):

13. Name: _____
Last First MI

14. Address: _____

15. Home Phone #: _____ 16. Cell/Pager #: _____

17. Date of Birth: _____ 18. Social Security #: _____

19. Marital Status: Single / Married / Other: _____ 20. Sex: Male / Female

21. Employed by: _____ 22. Work Phone #: _____