

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  
Chris Chen, 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 #: \_\_\_\_\_