

**CREATING BEAUTIFUL SMILES**  
**Dr. Paul J Racine & Dr. Kenneth C. Ackley**  
**www.cliodental.com**

Welcome to the office of Drs. Racine & Ackley. So that we may provide you with the best possible care, please complete this patient registration form and the medical/dental history forms. All information is completely confidential. Thank you so much for the privilege to serve you!

**Date:** \_\_\_\_\_

**Patient Information:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M F  
Name (Last) (First) (Middle) Preferred name date of birth sex

\_\_\_\_\_ S M W D  
marital status social security number E-mail address

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_

Phone #s: (if different than patient) \_\_\_\_\_  
Home Work Cell

**Primary Insurance Information:**

Policy Holder: \_\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Policy Holder's Date of birth: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Insurance Contract ID#: \_\_\_\_\_ Group# \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Secondary Insurance Information:**

Policy Holder: \_\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Policy Holder's Date of birth: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Insurance Contract ID#: \_\_\_\_\_ Group# \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Your Medical Doctor's Name:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

In case of emergency call: \_\_\_\_\_

Name of close relative NOT living with you: \_\_\_\_\_ Phone# \_\_\_\_\_

How did you hear of our office? \_\_\_\_\_

What are your hobbies? Special interests? \_\_\_\_\_