Lee T. Brown, DDS
Nicole L. Gettings, DDS

Brown & Gettings, DDS
Creating Beautiful Smiles

8191 Beckett Park Drive
West Chester, OH 45069
(513) 860-3660

REGISTRATION

Patient name_____ ____**Male** ___**Female**

____**Single** ___**Married** ___**Divorced** ___**Widowed** **Today's date**_____

Birth date_____ **Occupation**_____ **Employer**_____

Home phone _____ **Social Security #**_____ **E-mail**_____

Cell phone _____ **Work phone** _____

Home Address: _____

City_____**State**_____**Zip** _____

If patient is a minor, Father's name _____ **Birth date**_____

Mother's name _____ **Birth date**_____

Person responsible for account_____ **Relationship** _____

Social Security #_____ **Home phone** _____ **Cell phone** _____

Name of Spouse_____ **Social Security #**_____

Spouse's Employer_____ **Spouse's birth date** _____

Emergency Contact Information

Name:_____ Relationship:_____ Phone Number: _____

Is there someone we can thank for referring you?_____

DENTAL INSURANCE INFORMATION

Insured's Name_____ **Insured's Employer**_____

Insurance Co. _____

Insurance Co. Phone _____ **Member ID #**_____

Insured's Social Security # _____ **Group #**_____

SECONDARY DENTAL INSURANCE INFORMATION

Insured's Name_____ **Insured's Employer**_____

Insurance Co. _____

Insurance Co. Phone _____ **Member ID #**_____

Insured's Social Security # _____ **Group #**_____

Creating healthy beautiful smiles in a family environment