Dental Patient Registration MIT Medical Department

☐ **Patient** name _____ Date _____
last first mi

Sex ☐male ☐ female Date of birth _____ Social security number _____

MIT ID number _____ **E-mail address** _____

☐ **Local** address/telephone _____
number street

_____ ( ) _____
city state zip code telephone number

☐ **Permanent** address _____
(if different from local address)

☐ **Work** address/telephone _____ ( ) _____
(if at MIT, give building & room) work telephone

☐ **Emergency** contact _____ _____ ( ) _____
(person to notify in case of emergency) relationship telephone number

☐ **Health** insurance plan and certificate number _____

_____

☐ **Primary** dental insurance _____

Insurance company address _____

Certificate/subscriber number _____ Group# _____

Subscriber name _____ _____
last first mi relationship to subscriber

Subscriber address _____

Subscriber employer _____

☐ **Secondary** dental insurance _____

Insurance company address _____

Certificate/subscriber number _____ Group# _____

Subscriber name _____ _____
last first mi relationship to subscriber

Subscriber address _____

Subscriber employer _____

☐ **Primary Care Physician** _____

☐ **How** is patient a member of the MIT community?

Patient is:

☐ Registered MIT **Student**	☐ Spouse or	☐ Child of **Student**
☐ MIT or Lincoln **Employee**	☐ Spouse or	☐ Child of **Employee**
☐ Draper **Employee**	☐ Spouse or	☐ Child of Draper **Employee**
☐ **Retired** Employee	☐ Spouse or	☐ Child of **Retired** Employee
☐ **Whitehead** Employee	☐ Spouse or	☐ Child of **Whitehead** Employee

☐ **Other affiliation and/or relationship** (please specify)

_____

☐ **If student**, please complete

Expected date of graduation _____

Name of school _____ City _____

☐ **If spouse or child**, please complete

Name of affiliated spouse or parent _____ ID number _____

( ) _____ ( ) _____ _____
day telephone evening telephone

_____

Signature
I agree to pay for any services not paid for by my insurance

X _____ _____
patient signature Medical Department registration person

DE0002