Kim R. Kupper, D.D.S.
Lee T. Brown, D.D.S.
Lawrence R. Brown, D.D.S.

Brown and Kupper, DDS
www.brownandkupper.com

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 _____ **Home address**_____

Work phone_____**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 information. Name, Address, Phone of a relative not living with you_____

_____

Is there someone we can thank for referring you?_____

DENTAL INSURANCE INFORMATION

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

Insurance Co. _____

Insurance Co. Phone _____

Insured's Social Security # _____

SECONDARY DENTAL INSURANCE INFORMATION

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

Insurance Co. _____

Insurance Co. Phone _____

Insured's Social Security # _____

Creating healthy beautiful smiles in a family environment