

*Welcome! So that we may provide you with the best possible care  
please print and fill out this patient registration form. Bring your  
completed registration form to your next appointment.  
All information is completely confidential.*



GLENN L. SPERBECK D.D.S., INC.  
HEALTH CENTERED DENTISTRY

310 670 6944    [www.dds4smiles.com](http://www.dds4smiles.com)  
6206 W. 87<sup>TH</sup> Street  
Westchester, CA 90045-3818

Patient Name .....  
Patient Account No:.....

**PATIENT REGISTRATION FORM**

Medical Alert

🔑 Please complete the following confidential information. Date.....

**ABOUT YOU**

Name.....  
Address.....  
City.....State.....Zip.....  
Home Phone #.....  
Birth date.....Age.....  Male  Female  
Social Security#.....  
Driver's Lic.#.....  
 Married  Single  Divorced  Widowed  Spouse

**ABOUT YOUR CHILD** (If appointment is for your child)

Date.....  
Name (Last name too if different from yours).....  
Address.....  
City.....State.....Zip.....  
Home Phone#.....  
Birth date.....Age.....  Male  Female  
School.....Grade.....

**ABOUT DENTAL INSURANCE**

Primary Carrier.....  
Insurance Company .....  
Employee .....  
Union/Local# ..... Emp. Badge#.....  
Group # .....  
Date Employed .....Effective Date.....  
Social Security#.....  
Birth date.....Age.....

Secondary Carrier.....  
Insurance Company.....  
Employee.....  
Union/Local#..... Emp. Badge#.....  
Group#.....  
Date Employed..... Effective Date.....  
Social Security#.....  
Birth date.....Age.....

**ABOUT YOUR FAMILY**

Family members or Relatives who are already  
our patient(s).....  
.....  
.....

**ABOUT YOUR EMPLOYER**

Employer Name .....  
Business Address .....  
City .....

Referred to us by .....  
Person to contact for emergency.....  
Phone# .....  
Address.....  
City .....  
State .....Zip .....

Business Phone# ..... Ext.....  
Occupation of Spouse.....  
Employer of Spouse.....  
Business Address .....  
City.....  
Business Phone# ..... Ext.....

IF YOU NEED MORE ROOM, CONTINUE ON THE OTHER SIDE OF THE PAPER.