

Today's Date: _____

INDIANOLA FAMILY DENTISTRY

Michael Lindeberg, D.D.S.
212 N. Buxton Street
Indianola, Iowa 50125
515-961-0534 Telephone

Patient Registration

Patient's Name: _____
If Child: Parent's Name: _____
How would you like to be addressed: _____
Birthdate: _____ SS#: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____
Cell Phone: _____ Email: _____
Who referred you to our office: _____
Other family members seen by us: _____
Emergency Contact: _____
Home Phone: _____ Work: _____

Employer/Student Status

Employer: _____
Position: _____ How Long: _____
Full time student at: _____

Dental Insurance Information-Primary

Subscriber: _____
SS#: _____ Birthdate: _____
Employer: _____ Work Phone: _____
Insurance Company: _____
Insurance Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Group: _____

Dental Insurance Information-Secondary

Subscriber: _____
SS#: _____ Birthdate: _____
Employer: _____ Work Phone: _____
Insurance Company: _____
Insurance Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Group: _____

REGISTRATION