

# Nexus Dental

1168 W Main St, Suite E, Lewisville, TX 75067  
Dr. Niki Jayswal, DDS

## Patient Registration

First Name:	_____	Middle Initial:	_____	Last Name:	_____
Address:	_____				
City:	_____	State:	_____	ZIP:	_____
Cell Phone:	_____	Email:	_____		
Home Phone:	_____	Work Phone:	_____		
Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Prefer not to say	Marital Status:	_____
Date of birth:	_____	Social Sec:	_____	Driver License:	_____
Employer:	_____	Position:	_____		
Employer Address:	_____				
City:	_____	State:	_____	ZIP:	_____
Emergency Contact Name:	_____	Phone:	_____		
Relationship to patient:	_____				
Preferred Pharmacy:	_____	Pharmacy Phone:	_____		
Address:	_____				
Previous Dentist:	_____				
How did you find us?	_____				

## Primary Insurance Information

Policy Holder First Name:	_____	Middle Initial:	_____	Last Name:	_____
Date of Birth:	_____	Relationship to Patient:	_____		
Address:	_____				
City:	_____	State:	_____	ZIP:	_____
Employer Name:	_____	Employer's #:	_____		
Insurance Company:	_____	Insurance Company's #:	_____		
Group ID #	_____	Subscriber ID #	_____		

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Responsible Party (if someone other than the patient)

First Name: _____	Middle Initial: _____	Last Name: _____
Address: _____		
City: _____	State: _____	ZIP: _____
Cell Phone: _____	Email: _____	
Home Phone: _____	Work Phone: _____	
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say	Marital Status: _____	
Date of birth _____	Soc.Sec: _____	Driver Lic: _____
Employer: _____	Position: _____	
Employer Address: _____		
City: _____	State: _____	ZIP: _____

## Secondary Insurance Information

Policy Holder First Name: _____	Middle Initial: _____	Last Name: _____
Date of Birth: _____	Relationship to Patient: _____	
Address: _____		
City: _____	State: _____	ZIP: _____
Employer Name: _____	Employer's #: _____	
Insurance Company: _____	Insurance Company's #: _____	
Group ID # _____	Subscriber ID # _____	