Kent S Zerr, D.M.D., M.A.G.D.

Lakeview Dental Center, LLC

General Dentistry

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Salem, Oregon 97302
(503) 370-8778

Patient Registration:

Name____ Birthdate____________________

Address____City________________________State_____

Zip Code______________Phone #___________________________Cell #___________________________

Email Address____

Person to contact in case of emergency____

Whom may we thank for referring you____

Insurance Information:

Name of Insured____Insured's Date of Birth________________

Insurance Name_______________________________Name of Employer____________________________

ID#___________________________Group #________________ Relationship to patient________________

Authorization from Patient to Release Information:

Do we have permission to:

Leave a detailed message on your voice mail/answering machine?

Yes_______ No________

Discuss your dental or medical condition with other members in your household?

Yes_______ No_________

If so, whom _______________________________ Relationship________________

And______________________________________ Relationship________________

Patient/Guardian Signature_________________________________ Date______________