Ali Behzadi, D.M.D.
Mandana Nabizadeh, D.D.S.
611 N Magnolia Ave
Orlando, FL 32801

Patient Registration

Patient Information
First Name: _____ Last Name: _____
Mailing Address: _____
_____
Home Phone: _____-_____-_____ Work Phone: _____-_____-_____ Ext: _____
Cell Phone: _____-_____-_____ Email: _____
Birth Date: _____ Sex: □ Male □ Female SS#: _____-_____-_____
Does patient have any dental problems now? □ Yes □ No
If yes, please explain: _____
_____
_____

Are any teeth sensitive to: □ Hot □ Cold □ Sweet □ Biting/Chewing
What type of toothbrush is used? □ Soft □ Medium □ Hard □ Electric Is mouth wash used? □ Yes □ No
Is fluoridated tooth paste used? □ Yes □ No Does patient require premedication? □ Yes □ No □ Unknown
Previous Dentist: _____ Phone: _____-_____-_____
Last Dental Exam: _____ Last Dental X-ray: _____
Last Dental Cleaning: _____ Number of times per day teeth are brushed: _____
Responsible Party Information □ Patient is responsible party
First Name: _____ Last Name: _____
Address: _____
_____
Home Phone: _____-_____-_____ Work Phone: _____-_____-_____ Ext: _____
Cell Phone: _____-_____-_____ Email: _____
Birth Date: _____ Sex: □ Male □ Female SS#: _____-_____-_____
Insurance Information □Patient is subscriber □ Responsible party is subscriber
Insurance Name: _____ □ Medicaid □Healthy Kids □ PPO □ Discount
ID #: _____ Group Name: _____
Group #: _____ Insurance Phone: _____-_____-_____
Subscriber Information (If not above)
First Name: _____ Last Name: _____
Birth Date: _____ Sex: □ Male □ Female SS#: _____-_____-_____
Relationship to Insured: □ Spouse □Child □Other
Secondary Insurance Information □Patient is subscriber □ Responsible party is subscriber
Insurance Name: _____ □ Medicaid □Healthy Kids □ PPO □ Discount
ID #: _____ Group Name: _____
Group #: _____ Insurance Phone: _____-_____-_____
Subscriber Information (If not above)
First Name: _____ Last Name: _____
Birth Date: _____ Sex: □ Male □ Female SS#: _____-_____-_____
Relationship to Insured: □ Spouse □Child □Other