

Picasso Aesthetic and Cosmetic Dental Spa

Jeffrey Rubin DDS

Patient Registration and Health History

Please complete the following Confidential Information

Patient Name _____

Date of Birth _____

Social Security # _____

Home Address _____

City _____

Zip Code _____

Home Telephone _____

Employer _____

Work Telephone _____

Spouse Name _____

Dental Insurance Company _____

Subscriber's Name _____

Subscriber's Employer _____

Subscriber's SS# _____

Person Financially Responsible _____

Signature _____

Type in your Name

By signing this document with your name typed into the box you acknowledge that you have read and answered all questions to the best of your ability and have had any and all of your questions answered.

