



1919 Lathrop St • Fairbanks, AK 99701 • Ph: (907) 456-7768 • Fax: (907) 456-4045
www.fairbanksent.com

PATIENT REGISTRATION

Patient Name: _____

Address: _____

D.O.B: _____ SS#: _____ Preferred Language: _____

Ethnicity & Race: _____

Responsible Party: _____ Relationship _____

Employer _____

Phone# : _____ (H) _____ (C) _____ (W)

Please Select Preferred Phone # to Contact

If Child Responsible Party or Insurance Subscriber

Name: _____ D.O.B: _____

SS#: _____

Work: _____

Emergency Contact: _____ Phone#: _____

Drug Allergies: _____ Pharmacy: _____

Signature

Date: ____/____/____