

Benton Family Dental
149 Portsmouth Ave.
Stratham, NH 03885
(603) 772-3264



Patient Registration

First Name: _____ Last Name: _____
Middle Initial: _____ Preferred Name: _____
Address: _____ Unit/Apt: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Gender: Male Female Date of Birth: _____
SSN(for insurance purposes): _____ - _____ - _____
Email Address: _____

Dental Insurance (if applicable)

Insurance Company: _____ Policy Holder: _____
Policy Holders Date of Birth: _____ Relationship to Policy Holder: Self Spouse Child
Employer/Group Name: _____ Group Number: _____
Member/Subscriber ID#: _____
Dental Claims Address (*Typically on the BACK of your card*): _____
City: _____ State: _____ Zip: _____

Do you have a Secondary Insurance Plan? If so, please complete the following:

Insurance Company: _____ Policy Holder: _____
Policy Holder Date of Birth: _____ Relationship to P.H.: Self Spouse Child
Employer/Group Name: _____ Group Number: _____
Member/Subscriber ID#: _____
Claims Address: _____ City: _____ State: _____ Zip: _____