

Renaissance Dental Center

3803-A Computer Drive, Suite 200, Raleigh, NC 27609

Phone (919) 786.6766

www.northhillsdentists.com

Patient Registration

Patient Information				
Last Name: _____		First Name: _____		Initial: ____
Preferred Name: _____				
Birth Date: _____		Soc. Sec. # _____		Drivers Lic: _____
Address: _____				
City: _____			State: ____	Zip: _____
Home Ph: _____		Cell Ph: _____		Work Ph: _____ ext _____
Email: _____				
<input type="checkbox"/>	I would like to receive correspondence via e-mail.			
<input type="checkbox"/>	I would like to receive correspondence via text message.			

Responsible Party (if someone other than patient)				
Last Name: _____		First Name: _____		Initial: ____
Birth Date: _____		Soc. Sec. # _____		Driver License: _____
Address: _____				
City: _____			State: ____	Zip: _____
Home Ph: _____		Cell Ph: _____		Work Ph: _____ ext _____
Email: _____				
Spouse, Parent or Guardian Name: _____				
Relationship to patient: _____				

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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Primary Insurance Information				
Name of Policy Holder: _____				
Relationship to Insured:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other
Policy Holder SSC.# or ID#: _____		Policy Holder Birth Date: _____		
Employer: _____		Group#: _____		
Insurance Company: _____		Insurance Co. Ph#: _____		

Employment Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Self Employed	<input type="checkbox"/> N/A
Student Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> N/A		
Name of School: _____					
Referred by: _____					
Emergency Contact Name: _____			Emergency Contact Ph #: _____		
Pharmacy Preferred: _____			Ph# or Location: _____		

Preferred Dentist:	<input type="checkbox"/> Anna Abernethy, DDS
	<input type="checkbox"/> Anita Wells, DDS
	<input type="checkbox"/> Jill Sonner, DDS
	<input type="checkbox"/> N/A