

Renaissance Dental Center

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

919-786-6766 Phone 919-896-7047 Fax

conciierge@reniassancedentalcenter.com

www.renassancedentalcenter.com

Patient Registration

Patient Information					
Last Name:		First Name:		Initial:	
Preferred Name:					
Birth Date:		Soc. Sec. #		Divers Lic:	
Address:					
City:		State:		Zip:	
Home Phone:		Cell Ph:		Work Phone: ext:	
Email:					
<input type="radio"/> I would like to receive correspondence via email					
<input type="radio"/> I would like to receive correspondence via text message					

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

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

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