SCOTT C. EARP DDS, PA
800 St. Mary's Street, Suite 403, Raleigh, NC 27605

PATIENT INFORMATION AND REGISTRATION

Date______________ First Name_________________________________ Last Name________________________________

Middle Initial____________ Preferred Name____

Person is: __________Patient __________Policy holder _________ Responsible Party

Street Address ____

City_____________________________ State ______________________ Zip Code ____________________

How long have you lived at this address? ______________________________

Home phone _____________________ Cell phone ____________________ Work phone ___________________

Gender ___________ Date of birth __________________ Social Security number ________________________

Email address _____________________________ Preferred number for contact___________________________________

Employer name ____ Occupation _____________________________

If you are not responsible for this account, please provide the following information for the responsible person:

Name ____ Relationship to you _________________________

Address ____

Date of Birth ___________________ Social Security number _______________________________

Email address ____

Home phone ____________________ Cell phone ___________________ Work phone ________________

Employer ____ Occupation _______________________

DENTAL INSURANCE INFORMATION

Insured's name ____ Insured's Social Security number _____________________

Insured's Date of birth ________________________ Insured's employer ____

Insurance company name ____ Group # _________________________

Insurance company address ____

EMERGENCY CONTACT INFORMATION

Name ____ Relationship to you ____________________________

Address ____

Home phone ____________________ Cell phone _____________________ Work phone ____________________

How did you first hear about our office? _______ Website ______Google Search ______Personal referral

If personal referral, please let us know who to thank! ____