

Inner Banks Dental
James C. Walker, III, D.D.S.
Patient Registration and Health Information

Date: _____

Patient Information

Patient Name: _____
What you prefer to be called: _____ Male ___ Female ___
Street Address: _____
City, State, and Zip Code: _____
Birth Date: _____ Social Security Number: _____
Email Address: _____
Name of School, if student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Referred by: _____ Family Members Seen by Us: _____
Employer: _____ Occupation: _____
Employer's Address: _____
Spouse Name: _____ Spouse's Work Number: _____

Account Information

Persons ultimately responsible for the account: _____
Relationship to Patient: _____
Street Address: _____
City, State and Zip Code: _____
Home Phone: _____ Work Phone: _____
Birth Date: _____ Social Security Number: _____
Employer: _____ Driver's License Number: _____
Payment Method (please check):

 Check Cash Credit Card Care Credit Citi Health Card

Dental Insurance Information

Insured's Name: _____
Insured's Employer: _____
Insured's Social Security Number: _____ Insured's Birth Date: _____
Insurance Company Name: _____
Insurance Company Address: _____
Phone Number: _____ Group Number: _____

Emergency Information

Person to contact in case of emergency: _____ Phone Number _____
Closest relative not living with you: _____
Street Address: _____
City, State and Zip Code: _____
Phone Number: _____ Alternate Phone Number: _____