



17214 Lancaster Hwy #306 Charlotte, NC 28277

(704) 752-7602

www.StateLineDental.com

Patient Registration

First Name, Last Name, Middle Initial, Preferred Name, Patient is: Insur. Policy Holder, Financial Responsible Party, Address, City, State, Zip, Home Phone, Work Phone, Ext., Cell Phone, Sex, Marital Status, Birth Date, Age, Soc. Sec.#, Drivers Lic., E-mail, Would like to receive notices via email?, Employment Status, Student Status, Medicaid ID, Employer ID, Carrier ID, Preferred Pharmacy, Preferred Hyg., Referred By, Previous Dentist, Emergency Contact, Phone#

Responsible Party (if someone other than the patient)

First Name, Last Name, Middle Initial, Address, City, State, Zip, Home Phone, Work Phone, Ext., Cell Phone, Birth Date, Soc. Sec.#, Drivers Lic., Responsible Party is also an Insur. policy holder for patient Y / N, Primary Ins. Y / N, Secondary Ins. Y / N

Primary Insurance Information

Name of Insured, Related to Insured: Self / Spouse / Child / Other, Insured Soc. Sec.#, Insured Birth Date, Employer, Insurance Company, Address, City, State, Zip

Secondary Insurance Information

Name of Insured, Related to Insured: Self / Spouse / Child / Other, Insured Soc. Sec.#, Insured Birth Date, Employer, Insurance Company, Address, City, State, Zip