

Sheppard A. McKenzie, DDS, MS

Travis J. Whitley, DDS, MS

Jesse W. Woon, DMD, MS

Jackson S. Sides, DDS, MS

*Diplomates of the
American Board
of Periodontology*



A N D I M P L A N T D E N T I S T R Y

RALEIGH
PERIODONTICS

7501 FALLS OF NEUSE RD.

SUITE 100

RALEIGH, NC 27615

(919) 846-2480

(919) 846-2482 FAX

WWW.RALEIGHPERIO.COM

PATIENT REGISTRATION FORM

Date _____

FIRST NAME	MIDDLE	LAST NAME	PREFERRED NAME	BIRTH DATE	AGE	SEX
					S M W D	
STREET ADDRESS		CITY	STATE	ZIP	MARITAL STATUS	
HOME NUMBER _____		CELLULAR _____	WORK _____			
SOCIAL SECURITY # _____			E-MAIL _____			
EMPLOYER _____						

PLEASE NOTE: By listing above contact information, you agree for our office to utilize this information to contact you regarding any communication.

DENTAL INSURANCE INFORMATION

NAME _____			PHONE NUMBER _____	
STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____
DENTAL INSURANCE CARRIER* _____			INSURED'S NAME *(if other than patient) _____	
INSURED'S EMPLOYER* _____	SUBSCRIBER ID# _____	GROUP # _____	RELATIONSHIP TO PATIENT* _____	
INSURED'S BIRTHDATE* _____		INSURED'S SOCIAL SECURITY #* _____		

***If you are unable to provide any of this information we will not be able to assist you in filing your dental insurance. Please present your dental insurance card at your appointment.**

GENERAL DENTIST'S NAME: _____ REFERRED BY: _____

Have you, or any family member, ever been a patient of this office? Yes No

If yes, name and relationship to patient _____

EMERGENCY CONTACT _____ PHONE _____

I authorize the dentist to release any information including diagnosis and the records of any treatment or examination rendered to me or my dependent during the period of such dental care to third party payers and/or health practitioners. I agree to be responsible for full payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. I certify that I have read and understand the above information.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

DATE