

NORTHRIVER



PERIODONTICS & IMPLANTS

CHARLES L. McBRAYER, D.D.S
JASON M. STREVER, D.M.D., M.S.

Practice limited to Periodontics & Dental Implants

HAMILL PROFESSIONAL CENTER – SUITE 1

5022 OLD GODSEY LANE

HIXSON, TENNESSEE 37343

Office: (423) 870-9567 ~ Fax: (423) 870-5331

NEW PATIENT REGISTRATION FORM
(All information will be held in strict confidence)

EMERGENCY NAME & PHONE NUMBER

E-MAIL ADDRESS

CELL NUMBER

TODAY'S DATE: _____ DATE OF BIRTH: _____

PATIENT'S NAME: _____
(First) (Middle) (Last)

SPOUSE'S NAME: _____
(First) (Middle) (Last)

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PATIENT EMPLOYED BY: _____ OFFICE PHONE: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

SPOUSE EMPLOYED BY: _____ OFFICE PHONE: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

PATIENT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

SPOUSE'S SOCIAL SECURITY NUMBER: _____ - _____ - _____ / DATE OF BIRTH _____

PERSON RESPONSIBLE FOR ACCOUNT: _____

DO YOU HAVE DENTAL INSURANCE: _____ YES _____ NO

PRIMARY DENTAL INSURANCE: _____ INSURED'S NAME _____

PRIMARY INSURANCE ADDRESS: _____ INSURED'S SS# _____

SECONDARY DENTAL INSURANCE: _____ INSURED'S NAME: _____

SECONDARY INSURANCE ADDRESS: _____ INSURED'S SS# _____

(PLEASE COMPLETE OTHER SIDE)