



# Strother Dermatology

and Laser Treatment Center, PLLC

## Patient Registration

Please Print

Patient: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
City State Zip

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Soc.Sec. #: \_\_\_\_\_ Sex:  Male  Female

Patient's Employer: \_\_\_\_\_ Patient's Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated  Divorced

Spouse's Name: \_\_\_\_\_ Spouse's Soc.Sec. #: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Mr.  Miss Today's Date: \_\_\_\_\_  
 Mrs.  Ms. Preferred

Home Phone: ( ) \_\_\_\_\_   
 Work Phone: ( ) \_\_\_\_\_   
 Mobile Phone: ( ) \_\_\_\_\_

### Person Responsible for Bill - Insurance Guarantor

Patient's relationship to person responsible for bill:  Self  Spouse  Child  Dependent

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

Soc.Sec. #: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_

### Insurance Information

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

**Please provide us with a copy of your insurance card and driver's license to verify your signature and date of birth.**

### Emergency Information and Release

In case of an emergency, local friend or relative to be notified (not living at same address):

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Assignment and Release:** I hereby authorize my insurance and government benefits be paid directly to the physician. I am financially responsible for any balance due. I also authorize the doctor or insurance company to release any information required for this claim. I am aware that I will be charged for appointments missed or cancelled without 24 hour notice.

Signature: \_\_\_\_\_

Were you referred to us by your doctor?  Yes  No

If yes, Name and Address of Referring Physician \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact you to remind you about upcoming or missed appointments?  yes  no

May we contact you regarding new services, products, and procedures?  yes  no

Would you prefer being contacted  at home or  at work?

*We use an automated service to remind you of upcoming appointments.*