ACCENT
FAMILY DENTISTRY
B. BRENDA GONG, DDS., PA

https://www.accentfamilydental.com
86 E. Depot Street Tel : 919-346-3821
Angier, NC 27501 Fax: 919-639-3912

Patient Registration

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Patient is: ☐ Policy Holder ☐Responsible Party

Responsible Party (if other than the patient)

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Birth Date: _____ Soc Sec: _____ Drivers License: _____

☐ Responsible Party is also a Policy Holder for patient ☐ Primary Insurance Policy Holder

Patient Information

☐ Same as above

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Emergency Contact: _____ Emergency Number: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: _____ Soc Sec: _____ Drivers License: _____

Email: _____ ☐ I would like to receive correspondence via e-mail

Primary Insurance Information

Name of Insured: _____ Relationship to Insured: □ Self □ Spouse □ Child □ Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____

Address: _____

City, State, Zip: _____

Ins. Company: _____

Address: _____

City, State, Zip: _____