

Perrigo Dental Care
2038 Patton Chapel Road
Birmingham, AL 35216
205.822.7822

Patient Registration

Today's Date: _____ E-mail Address: _____

Patient's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address (If Different): _____

Telephone Number: H(_____) _____ C(_____) _____

W(_____) _____

SSN: _____ Date of Birth: _____

Employer: _____

In Case of Emergency Whom May We Call?:

Name: _____ Ph: _____ Relationship: _____

How Were You Referred To Our Office?: _____

Insurance Information

Insured's Name: _____ DOB: _____ SSN: _____

Insured's Employer: _____ Relationship To Patient: _____

Insurance Company & Address _____

Contract Number: _____ Group Number: _____