

The Dermatology and Skin Care Center of Birmingham

2470 Rocky Ridge Rd Birmingham AL 35243 Phone: (205) 978-3336 Fax: (205) 503-4915

2010 Registration

Patient Information

First, Middle, Last Name

Date of Birth

Address

City

State Zip Code

Home Telephone

Cell phone

Social Security Number

Nick Name: _____

Marital Status: Single Married Divorced Widowed Sex: Male Female

Employment Status: Employed Part-Time Full-time Student Other

Employment Information

Occupation

Employer

Work Phone

Spouse Information

Name

Date of Birth

Social Security Number

Emergency Contact (Not Living in home of Patient)

Name

Phone Number

Relationship to Patient

Insurance Information

Name of Insured

Date of Birth

Relationship to Patient

How were you referred to our office? Friend By a Doctor Advertisement

Is your illness related to any of the following?

Employment Emergency Accident Auto Accident

Laboratory and Biopsy Results

Can we leave a voice mail message concerning the laboratory and or biopsy results?

Yes No If Yes, Phone Number: _____

Have you been seen by Dr. Harper before? Yes No

Consent to Treatment

I voluntarily consent to receive medical and health care services that may include diagnostic procedures, examinations, and treatment.

Financial Responsibility and Assignment of Benefits

I agree to pay all charges for medical and health care services not covered by my insurance company. I am aware that if my balance remains unpaid more than 120 days, following my insurance paying on the balance, it will be turned over to a collection agency.

I certify that I have read this form and understand its contents.

(Patient or Other Legally Authorized Person)

(Date)