



RAVENEL PERIODONTICS, PA
 Dr. Lisa Ravenel
 1130 E Butler Rd
 Greenville, SC 29607

NEW PATIENT INFORMATION

NEW PATIENT INFORMATION *(please print)*

(Dr. , Mr. , Mrs. , Ms. , Miss) Name: _____
 Birth Date: _____ Social Security Number: _____
 Marital Status: *(please check one)* Married Single Divorced Widowed Other
 Guardian's name if patient is a minor _____
 Address : _____
 Employer _____ Occupation _____
 Primary Phone _____ Work/Other Phone: _____
 Email Address: _____
 Emergency Contact Name: _____ Emergency Telephone: _____

ACCOUNT AND DENTAL INSURANCE INFORMATION

Person responsible for account (if different than patient)

Name: _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

PRIMARY INSURANCE COVERAGE - (Inform our Administrative Team if you have secondary coverage)

Insured's Name: _____
 Birth Date: _____ Relationship to patient: Self Spouse Child Other:
 Social Security Number: _____ Member ID #: _____
 Employer: _____ Dental Insurance Company: _____
 Group Name: _____ Group Number: _____
 Address: _____
 Insurance Telephone: _____

The undersigned consents to a periodontal exam and any additional diagnostic aids and/or services including surgical procedures that may be advised by Dr. Ravenel. I understand that the payment responsibility for any periodontal services provided in this office for myself or my dependents is mine, and is due and payable by me at the time these services are rendered unless financial arrangements have been made. I further understand that all insurance claims are submitted as a courtesy, and any payment received by my insurance company will be a reimbursement to me.

Patient or Guardian Signature _____ Date _____

Witness Signature _____ Date _____