Renfroe Family Dental
Derek Renfroe, DMD, FICOI, FAGD
VETERAN OWNED BUSINESS

Dr. Derek Renfroe
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931 232 7105, 931 232 2242

Patient Registration

Welcome! Please complete the following confidential information to help us better serve you.

Section 1: Patient Information:

Patient: _____
Address: _____
City/State/Zip: _____
Telephone (Home) _____ **(Work)** _____ **(Cell)** _____
Email _____
Employer/School: _____
Date of Birth: _____ **Social Security Number** _____

Do you have dental insurance? ◯Yes ◯No (If yes, proceed to the next section. If no, skip the next section)

Section 2: Dental Insurance Information:

Is the dental insurance in your name?◯Yes ◯No

If yes, Insurance Company _____
ID# _____ **Group #** _____

If No, Insured's Name _____ **Date of Birth** _____
Employer _____
Insurance Company _____
ID# _____ **Group #** _____

Secondary Coverage?
If yes, Insured's Name _____ **Date of Birth** _____
Employer _____
Insurance Company _____

Section 3: Account Information:

(If different than the patient, please complete)
Send Bill To:
Name: _____
Address: _____ **City/State/Zip:** _____
Telephone (Home) _____ **(Work)** _____ **(Cell)** _____
Employer/School: _____
Date of Birth: _____ **Social Security Number** _____

In case of emergency, whom should we contact? _____
Telephone: _____ **Relationship:** _____

Who may we thank for your referral? _____

Patient's Signature _____ **Date** _____