TRUECARE DENTISTRY
Patrick Lawrence DDS & Shanup Gundecha DMD
431 Keisler Drive, Cary, NC 27518 | 919-859-1330

Patient Registration

Basic Contact Information

Last Name	First Name
Middle Initial	
Sex ❑ Male	❑ Female
Date of Birth:	Age:
Social Security Number	If patient is a Minor, give Parent or Guardian's Name
Today's Date	
Have any of your family members been seen in our office? ❑ Yes ❑ No	
If Yes, please list family member name(s)	
How did you hear about our office?	
Reason for visit?	

Responsible Party Information

Last name	First name
Middle Initial:	Marital Status:
Mailing Address	
Apt #	City
State	Zip
Home Phone	Work Phone
Ext.	
Cell Phone:	E-mail Address
Driver License #:	
State:	
Preferred method of contact: ❑ Home phone ❑ Work phone ❑ Email	❑ Cell phone ❑ Text
Social Security #:	DOB:
Relationship to Patient:	
Employer:	
Occupation:	No. of years employed:
Mailing Address:	State:
Zip code	

Responsible Party Spouse

Last name	First name
Middle Initial	
Home Phone	
Work phone	Ext:
Cell Phone:	Driver License #:
State:	Social Security #:
DOB:	Employer
Occupation	
No. of years employed:	
Mailing Address:	
State:	Zip code

Dental Insurance Information

Primary Carrier Insured's Name:	Insured's Employer
Insured's Social Security #	
Insurance Company	
Group #:	
Phone Number	
I have filled out this form to the best of my knowledge. Please sign to agree.	
Signature of patient, parent or guardian:	
Date:	Relationship to patient: