



The Atlanta Center for Restorative Dentistry

5685 Lake Placid Drive NE
Atlanta, GA 30342

Phone: (404) 252-2126
Fax: (404) 252-3880
www.acfrd.com

Registration

Name:		Date of Birth:		Gender:	
Home Address:	City:	State:	Zip:		
Work Address:	City:	State:	Zip:		
Home Phone:		Work Phone:			
Cell Phone:		Fax:			
Email:		SSN:			
Driver's License:		Referred By:			
Who will be responsible for the account:		Other family members in this practice:			
Payment Method:		Employer:			
Emergency Contact:		Employer Address:			
Present Position:		How Long Held:			

Spouse Information:

Spouse:		Spouse Employer:	
Spouse SSN:		Employer Address:	
How Long Held:			

Dental Insurance: 1st Coverage

Employee:		Date of Birth:	
Relationship:		SSN:	
Employer:		Ins. Company:	
Employer Address:		Insurance Company Name & Address:	
Employer Phone:		Ins. Phone:	
Policy Number:		Group Number:	

Dental Insurance: 2nd Coverage

Employee:		Date of Birth:	
Relationship:		SSN:	
Employer:		Ins. Company:	
Employer Address:		Insurance Company Name & Address:	
Employer Phone:		Ins. Phone:	
Policy Number:		Group Number:	