Richmond Surgical Arts, Inc.

Gregory T. Lynam, M.D., D.D.S.

[PLEASE PRINT AND FILL OUT THE FORM COMPLETELY]

Patient's Name: _____ **Sex:** ☐**M** ☐**F**
Last First Middle

Patient's Address: _____
Street & Apt. # City State Zip

Home Phone: _____ **Cell Phone:** _____

Date of Birth: ____/____/____ **Age:** _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Partner ☐Widowed

Would you like to receive email updates about products, specials, etc.? ☐Yes ☐No
Email address: _____

EMERGENCY CONTACT
Person to notify in case of an emergency: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

EMPLOYMENT INFORMATION
Employer: _____ **Occupation:** _____

Address: _____ **Work Phone:** _____

Spouse's/Partner's Name: _____ **Employer:** _____

Address [if different from above]: _____ **Work Phone:** _____

INSURANCE INFORMATION

Do you have insurance coverage? ☐YES ☐NO

_____
Insurance Company

_____ ____/____/____
Subscriber's Name Date of birth

_____
Subscriber's Identification Number

_____
Group Number

Do you have secondary insurance? ☐YES ☐NO

_____
Insurance Company

_____ ____/____/____
Subscriber's Name Date of birth

_____
Subscriber's Identification Number

_____
Group Number

MEDICAL INFORMATION

Reason for visit: _____ Is this due to an accident? ☐YES ☐NO
Date of accident? ____/____/____ Date of first treatment? ____/____/____
Is this a work-related injury? ☐YES☐NO Referring M.D. [First & Last name]: _____

I hereby authorize the above named physicians to release the information requested to the insurance company/companies named herein. I hereby assign payment directly to the above named physicians of benefits otherwise payable to me. I understand that regardless of the Insurance coverage that I might have, I understand that I am financially responsible for all charges. I also agree that in the event that my account must be turned over to an attorney for collection that I will be responsible for attorney's fees, court costs, and interest.

_____ _____
Signature Date