

Barry C. Reynolds, DMD

101 Doctor Circle, Columbia, SC *(803)779-3200
7570 Woodrow Street, Irmo, SC *(803)781-2500

Patient Information

Patient Name _____ Preferred Name _____

Last First Middle Initial

Patient Gender (M/F) _____ Marital Status: _____ Birth Date ____ - ____ - ____

Social Security # ____ - ____ - ____ Driver's License #: _____

Address: _____
Street Apt# City State Zip Code

Phone #'s: Home _____ Work _____ ext _____ Cellular _____
Pager _____ Fax _____ Other _____

Employer: _____ Occupation: _____

Spouse/ Parent _____

Whom May We Thank For Referring You To Our Office? _____

Chief Dental Complaint: _____

Date of Last Dental Exam: _____

Responsible Party Information

Name: _____ Gender (M/F) _____

Last First Middle Initial

Address: _____
Street Apt # City State Zip Code

Phone: Home _____ Work _____ ext _____ Cellular _____
Pager _____ Fax _____ Other _____

Driver's License #: _____

Primary Insurance Information

Name of Insured: _____ Insured's Birth Date: _____

Social Security # _____ Group # _____

Employed by: _____

Dental Insurance Plan Name: _____ Phone: _____

Mail Dental Claims to: _____
PO Box / Street City State Zip Code