RICHARD H. WEISLER, M.D., P.A. & ASSOCIATES
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Raleigh, NC 27609
919-872-5900

Patient Registration

Date: ______________ Cell Phone: _____________

Home Phone: _____________

Patient: ____
First Name Middle Initial Last Name

Address: ____

City: ____________________State: _________________Zip Code: _______________________

M ___ F ___ Age: ______________Birth Date: ______________________________________

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Patient's Employer or School: ____

Business Address: ____

Occupation: __________________________________ Business Phone: __________________

Who is responsible for this account? ______________Relationship to you: _______________

Their Soc. Sec. #:__________________________Patient's Soc. Sec. #: __________________

Primary Insurance: ___________________________ID #: ______________________________

Certificate Holder: ____________________________Date of Birth: _______________________

Employer: ________________________________Group #: ______________________________

Mail Claims to: ____

Emergency Contact: _____________________________Phone #: _______________________

Primary Care Physician: ____

Name/Location of pharmacy you use: ____

Who Referred You To Us? ____

Reason/Purpose of Visit: ____

Special Concerns: ____