

Blue Ridge Radiology Associates, P.A.
201 East Parker Road
Morganton, NC 28655
(828) 433-1235 (828) 433-1992

PATIENT REGISTRATION FORM

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male / Female Social Security Number: _____

Marital Status: _____

Patient Allergies: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Employer Name: _____

Employer Phone: _____

Health Insurance Information -

Carrier Name: _____

Policy/Member Number: _____

Group Number: _____

Relationship to insured: Self / Spouse / Child / Other

Subscriber Name: _____

Subscriber Date of Birth: _____ Gender: Male / Female

Subscriber Social Security Number: _____

Subscriber Employer: _____

Subscriber Address: _____

Subscriber Phone: _____