



Melissa Renz, D.D.S.
132 S Industrial Drive
Saline, MI 48176
734.944.7400

Patient Registration

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

Address: _____ City, State, Zip: _____

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

Birth Date: _____ Soc Security: _____ Drivers License: _____

Sex: Male Female Other Marital: Married Single Divorce Separated Widowed

Email: _____

Employment Status: Full Time Part Time Retired

Student Status: Full Time Part Time

Medicaid ID: _____ Employer ID: _____ Carrier ID: _____

Emergency Contact: _____ Contact Phone: _____

Pref: Pharmacy: _____ How did you hear about us?: _____

Primary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Security: _____ Insured Birth Date: _____

Ins. Company: _____ Address: _____ City, State, Zip _____

Employer: _____ Address: _____ City, State, Zip: _____

Secondary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Security: _____ Insured Birth Date: _____

Ins. Company: _____ Address: _____ City, State, Zip _____

Employer: _____ Address: _____ City, State, Zip: _____