

Welcome to Our Practice

Advanced Sleep
AND TMJ CENTERS



Sleep Well Carolinas!
SLEEPANDBREATHE.COM

Our team is looking forward to having you join our great family of friends and patients. The benefits of a healthy life are immeasurable and our goal is to allow you to obtain the energy and rest you want and deserve.

Tell Us About Yourself...

Today's Date _____ DOB _____ How did you hear about us? _____

Describe the reason for your visit: _____

Last Name _____ First Name _____ Preferred _____

Social Security _____ Parent/Responsible Party _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Employer _____ Occupation _____ Phone _____

IN CASE OF EMERGENCY

Contact Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

INSURED INFORMATION

Policy Holder _____ Employer _____

Address _____ Phone _____

Policy Holder SS# _____ Policy Holder DOB _____ Carrier Name _____

Group Name _____ Group # _____ Family Coverage? Y N

Assignment of Benefits/Release Information: I authorize payment of medical benefits to myself or the named provider for professional services rendered. I also authorize the release of any medical information to process this claim.

Signature _____ Date _____

Where a Great Day starts with a Good Night's Sleep.