Bio-Tech
Prosthetics and Orthotics
2301 N.Church Street • Greensboro, NC 27405 • (336) 333-9081 • (800) 536-2732 • Fax (336) 333-9083
1728 Hawthorne Road • Winston-Salem, NC 27103 • (336) 768-3666 • (800) 252-0905 • Fax (336) 768-3468

OFFICE USE ONLY

Patient # _____

Type _____

Patient Registration

Date _____

Patient's Name _____ Birthdate _____
Last First M.I.

Address _____ ☐ Male ☐ Female
Street City State Zip

Soc. Sec. # _____ Phone (_____) _____ Work (_____) _____

EMAIL ADDRESS: _____

☐ Same as above

☐ Patient ☐ Parent/Guardian ☐ Spouse

Name of Responsible Party _____ ☐ Other _____

Address _____
Street City State Zip

Soc. Sec. # _____ Phone (_____) _____

Employer _____ Work (_____) _____

Employer Address _____
Street City State Zip

Is this injury/illness work related? ☐ yes ☐ no Date of injury or onset of illness _____

Claim No. _____ Claim Adjuster _____

Please tell us about your health insurance (Attach all cards. We will make copies and return cards to you before you leave.)

Who is your referring doctor?

Name _____ Phone (_____) _____

Are you a diabetic? ☐ Yes ☐ No

Which doctor is treating you for Diabetes?

Name _____ Phone (_____) _____

Authorization

I hereby authorize the release of information regarding my condition/treatment, as necessary, to process these and/or related claims. I understand that I am responsible for all fees not covered by insurance, Medicare, Medical Assistance or other Governmental Agencies, or Worker's Compensation.

Signature _____ Date _____