

Demographic and Payment Information
WDPS LLC a.k.a. Waccamaw Dermatology and Plastic Surgery LLC
Appointments: 843-449-0453

Please present Insurance cards & photo ID to the receptionist so copies may be made.

Patient _____
Last Name First Name Initial Social Security #

Responsible Party _____
Last Name First Name Initial Social Security #

Street Address of Responsible Party _____

City _____ State _____ Zip _____

Mailing Address/Permanent Address (IF Different from above): _____

_____ City _____ State _____ Zip _____

Home Phone Number:(_____) Cell Phone Number:(_____)

E-Mail Address _____

Birth Date: _____ / _____ / _____ Age: _____ Sex: Male _____ Female _____

Patient Employer/School _____

Business Address _____

Occupation _____ Business Phone (_____)

Spouse/Guardian Name _____ Birth Date _____ / _____ / _____

Spouse/Guardian SSN (For Insurance Purposes): _____

Spouse/Guardian E-Mail Address _____

In Case of Emergency, who should be notified? _____

Phone (_____) Relationship to Patient _____

Race: _____ Asian _____ Black/African _____ White _____ Native/Hawaiian/Other/Pacific Is

_____ American/Indian _____ Other Preferred Language: _____

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino

Patient Signature: _____ Date _____ / _____ / _____

**YOUR APPOINTMENT WITH THE DOCTOR CANNOT TAKE PLACE IF THIS FORM IS NOT COMPLETE
YOU AND YOU ALONE ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION**