



Preston Ridge Dermatology, PC

3155 NORTH POINT PKWY BLDG. E, SUITE 100

ALPHARETTA • GA 30005

Phone: 770.475.6222

PATIENT INFORMATION

Patient Name: _____
Last First M.I.

Mailing Address: _____
Street number & name

City State Zip code

Home phone: _____ Cell phone: _____

Work phone: _____ Marital Status: _____

Date of Birth: _____ Male: _____ Female: _____

Email address: _____

Ethnicity: Declined Hispanic/Latino Not Hispanic/Latino Unknown

Race: American Indian Asian Black/African Amer. Declined Native Hawaiian
 Other White

Pharmacy Name: _____ Pharmacy street & city: _____

Pharmacy Phone: _____

In Case of Emergency
Notify: _____ Phone: _____

IF PATIENT is a MINOR or DEPENDENT:

Name of parent, legal guardian or caregiver: _____

Address: _____ Phone: _____

HOW DID YOU LEARN ABOUT PRESTON RIDGE DERMATOLOGY: _____