



Evans Urgent Care | Dr. Brett K. Wallentine, MD | 800 Oakhurst Drive Evans, GA 30809 | (706)364-5500

If your name, address, phone number, insurance information, or emergency contact has changed, please complete the form below:

Date: ___/___/___

Update or Change in Information:

First Name MI Last Name Prefer to be called (Nickname)

Street City State ZIP

(____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Telephone Work Telephone Cell Phone

___/___/___ M F ____ - ____ - ____
Birthday Gender SSN

Please check one: Married Single Divorced Widowed Legally Separated

Race: Asian Black/African American Native American White Prefer Not to Answer

Employer Occupation

What Pharmacy Do You Use? Name: _____ Location: _____

Responsible Party

If the patient is a minor or otherwise not financially responsible for payment, please provide the following information regarding the person who is responsible. This is not your insurance company.

First Name MI Last Name Prefer to be called (Nickname)

Street City State ZIP

(____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Telephone Work Telephone Cell Phone

___/___/___ M F ____ - ____ - ____
Birthday Gender SSN

Relationship to patient Guardian's Employer Occupation

Emergency Contact

Name: (FIRST) (MI) (LAST) Relationship
() - () - () -
Home Telephone Work Telephone Cell Telephone

Primary Insurance

Insurance Company

Policy Holder First Name MI Last Name Relationship to Patient

Street City State ZIP

() - () - () -
Home Telephone Work Telephone Cell Phone

____/____/____ M F _____ - - _____
Birthday Gender SSN

Secondary Insurance (if any)

Insurance Company

Policy Holder First Name MI Last Name Relationship to Patient

Street City State ZIP

() - () - () -
Home Telephone Work Telephone Cell Phone

____/____/____ M F _____ - - _____
Birthday Gender SSN