JOSEPH D. WALRATH, MD – OCULOPLASTIC SURGERY
800 MT. VERNON HWY NE
SUITE 135
ATLANTA, GA 30328

COORDINATOR: 770-804-1684 EXT.119
CALL CENTER: 866-527-3722

Patient Registration

Non Insurance and Self Pay Patients Only

Name: _____ Today's Date: _____
Last First MI Preferred Name Month/Day/Year

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ @_____ ._____ Social Security Number : _____ - ____ - _____

Age: _____ Date of Birth: _____ Sex: M F Marital Status: S M W D
Month/Day/Year

Spouse or Parent's Name:_____ Spouse's DOB: _____ Tel #: _____
Last First Month/Day/Year

Emergency contact not living with you: _____ Relationship: _____

Address: _____ Telephone: _____

What is the name of your primary care physician? _____ Telephone: _____

What is the name of your current optometrist? _____ Telephone: _____

Pharmacy Name: _____ Telephone: _____

Preferred method of contact: ☐ Home ☐Cell ☐Email May we leave a message on voice mail/answering machine? Y N

Whom may we thank for this referral? _____