



Advanced Concepts in Medicine / Dr. Rashid A. Buttar  
A Center for Advanced Medicine  
20721 Torrence Chapel Road, Suite 101-103  
Cornelius, NC 28031  
704-895-9355 Fax 704-895-9357

## Patient Information and Registration

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Sex: Male or Female Date of Birth: \_\_\_\_\_ Martial Status: S M D W

Email Address: \_\_\_\_\_

Driver's License# \_\_\_\_\_ Social Security# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relative Not Living with You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy# \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

Insurance Mailing Address: \_\_\_\_\_