

PATIENT INFORMATION RECORD

Hello, welcome to Yee Dental Care. We would like to begin by getting to know you. Please help us do so by filling out the information sheet. If you have any questions, please feel free to ask.

Date _____

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birthdate _____ Age _____

Social Security # _____ Marital Status _____

Names of Children _____

PARTY FINANCIALLY RESPONSIBLE:

Name _____ Phone _____

Address _____

city

state

zip

INSURANCE: (Primary) Carrier's Name _____ (Secondary) Carrier's Name _____

Group of Local # _____ Group of Local # _____

YOURSELF:

Occupation _____ Employer _____

Business Address _____ City _____

Business Telephone _____ Ext. _____

YOUR SPOUSE:

Name _____ Social Security No. _____

Occupation _____ Employer _____

Business Address _____ City _____

Business Telephone _____ Ext. _____

Referred to us by _____

-over please-