PATIENT INFORMATION

THE DENTAL OFFICE ENCINO
17071 VENTURA BLVD, ENCINO

NAME ____DATE _________________
LAST FIRST M

SOCIAL SECURITY #______________________________DRIVERS LICENSE #______________________

ADDRESS____
STREET APT # CITY STATE ZIP

BIRTHDATE_______________________________TELEPHONE__________________________________
MONTH DAY YEAR

EMAIL____

NAME OF EMPLOYER_________________________ ADDRESS___________________________________

PERSON RESPONSIBLE FOR ACCOUNT : ☐ PATIENT ☐ SPOUSE ☐ FATHER ☐ MOTHER ☐ GUARDIAN

INSURANCE INFORMATION

IF DUAL COVERAGE, PLEASE COMPLETE BOTH TABLES

PRIMARY INSURED	SECONDARY INSURED
LAST FIRST M	LAST FIRST M
STREET CITY STATE ZIP	STREET CITY STATE ZIP
HOME WORK CELL EMAIL	HOME WORK CELL EMAIL
BIRTHDATE (MO/DAY/YEAR) RELATIONSHIP TO PATIENT	BIRTHDATE (MO/DAY/YEAR)RELATIONSHIP TO PATIENT
EMPLOYER DENTAL INSURANCE COMPANY	EMPLOYER DENTAL INSURANCE COMPANY
SS#	SS#
SUBSCRIBER # GROUP #	SUBSCRIBER # GROUP #

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME_________________________ ADDRESS__________________________________

PHONE_________________________ EMAIL____________________________________

Has any member of your family ever been treated in our office? ☐ Yes ☐ No

How were you referred to our office? ____

AUTHORIZATION

I hereby authorize payment directly to the dental office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment, regardless of insurance coverage. **Payment in full is due at time of service**. I hereby authorize the Dental Office Administrator such medications and perform such diagnostic, photographic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the dental/medical histories are correct to the best of my knowledge. I grant the right to the Dentist to release my dental/medical histories and other information about my dental treatment to 3rd party payors and/or other health professionals.

____

PATIENT OR RESPONSIBLE PARTY SIGNATURE DATE